



**TOWN OF BLUFFTON
BUILDING PERMIT APPLICATION
RESIDENTIAL MASTER APPLICATION**

Growth Management Customer Service Center
20 Bridge Street
Bluffton, SC 29910
(843)706-4522
www.townofbluffton.sc.gov
applicationfeedback@townofbluffton.com

Neighborhood Assistance Permit Application

<i>Office Use Only</i>	<i>Permit Number:</i>	<i>Date Received:</i>	
<i>Project Address:</i>			<i>Lot #:</i>
<i>Subdivision:</i>		<i>Parcel ID:</i>	
Property Owner		Job Site Contact	
<i>Name:</i>		<i>Name:</i>	
<i>Address:</i>		<i>Address:</i>	
<i>City/State/Zip:</i>		<i>City/State/Zip:</i>	
<i>Phone:</i>		<i>Office Phone:</i>	
<i>Cell Phone:</i>		<i>Cell Phone:</i>	
<i>Email Address:</i>		<i>Email Address:</i>	
Contractor		Design Professional	
<i>Name:</i>		<i>Name:</i>	
<i>Address:</i>		<i>Address:</i>	
<i>City/State/Zip:</i>		<i>City/State/Zip:</i>	
<i>Phone:</i>		<i>Phone:</i>	
<i>Contractor License/Registration #:</i>		<i>State License #:</i>	
<i>Bluffton Business License #:</i>		<i>Email Address:</i>	
Permit Type			
<input type="checkbox"/> <i>New</i> <input type="checkbox"/> <i>Addition</i> <input type="checkbox"/> <i>Remodel</i>			
Permit Workclass			
<input type="checkbox"/> <i>Single Family</i>	<input type="checkbox"/> <i>Detached Garage</i>	<input type="checkbox"/> <i>Accessory Structure (heated sq ft)</i>	<input type="checkbox"/> <i>Townhouse</i>
<input type="checkbox"/> <i>Electrical</i>	<input type="checkbox"/> <i>HVAC</i>	<input type="checkbox"/> <i>Plumbing</i>	<input type="checkbox"/> <i>Gas</i>
<input type="checkbox"/> <i>Irrigation</i>	<input type="checkbox"/> <i>Pool/spa</i>	<input type="checkbox"/> <i>Demo</i>	<input type="checkbox"/> <i>Fence</i>
<input type="checkbox"/> <i>Master</i>	<input type="checkbox"/> <i>Re-Roof</i>	<input type="checkbox"/> <i>Retaining Wall</i>	<input type="checkbox"/> <i>Water Feature</i>
<input type="checkbox"/> <i>Moving Permit</i>	<input type="checkbox"/> <i>Fire Sprinkler System</i>	<input type="checkbox"/> <i>Fire Alarm System</i>	
<i>Total Square Footage:</i>			
<i>Type of Construction (circle one): IA IB IIA IIB IIIA IIIB IV VA VB</i>			
Value of Construction (include materials, labor, profit)			
<i>Plumbing:</i> \$		<i>Gas:</i> \$	
<i>Electrical:</i> \$		<i>Building:</i> \$	
<i>Heating/Air:</i> \$		Total Value of Construction: \$	



**TOWN OF BLUFFTON
BUILDING PERMIT APPLICATION
RESIDENTIAL MASTER APPLICATION**

Growth Management Customer Service Center
20 Bridge Street
Bluffton, SC 29910
(843)706-4522
www.townofbluffton.sc.gov
applicationfeedback@townofbluffton.com

Detailed Description of Work					
<i>Change of Use: Y or N; If Yes, indicate existing use:</i>			<i>Proposed Use:</i>		
Construction Details					
<i>Total Parcel Area Sq. Ft.</i>		<i>Total Pervious Sq. Ft.</i>		<i>Total Impervious Sq. Ft.</i>	
<i>Heated Sq.Ft. (new or added)</i>		<i>Number of Elevators</i>			
<i>Unheated Sq.Ft. (new or added)</i>		<i>Type of Heating/Air</i>		<input type="checkbox"/> Elec <input type="checkbox"/> Gas	
<i>Number of Stories</i>		<i>Type of Roofing Materials</i>			
<i>Number of Bathrooms</i>		<i>Size of LP Tank</i>			
<i>Number of Bedrooms</i>		<i>Gas</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Number of Fireplaces</i>		<i>Septic Tank Number</i>			
<i>Total Habitable Rooms</i>		<i>Type of Sewage Disposal</i>		<input type="checkbox"/> Public Sewer <input type="checkbox"/> Septic	
<i>Type of Exterior Materials</i>					

Application is hereby made for a permit to perform work as described in this application along with accompanying drawings if required. The information on this application is complete and accurate and I am authorized to submit this application. I understand that all work must be according to approved plan and in compliance with all Town of Bluffton adopted codes and other regulations as applicable. Individuals and entities involved in the construction, repair, or renovation of structures are required to comply with licensing requirements of the State of South Carolina and the Town of Bluffton.

Print name

Signature of owner/authorized agent

Date

Everyone doing business in the Town of Bluffton is required to have a town business license.



**TOWN OF BLUFFTON
BUILDING PERMIT APPLICATION
RESIDENTIAL MASTER APPLICATION**

Growth Management Customer Service Center
20 Bridge Street
Bluffton, SC 29910
(843)706-4522
www.townofbluffton.sc.gov
applicationfeedback@townofbluffton.com

License Requirements

Please read carefully. This form is required at time of application.

Permit Number:

- *Individuals and entities involved in the construction, repair, or renovation of structures including mechanical construction are required to comply with licensing requirements of the State of South Carolina and the Town of Bluffton.*
- *Persons engaging in Business in the Town of Bluffton are required to have current Town Business Licenses.*
- *The contractor is aware that the sub-contractors, also known as independent contractors, which are hired by the contractor to perform services, are not employees. Sub-contractors are required to maintain a valid Town business license and state/local licenses or registrations as applicable when conducting business inside the town limits of Bluffton. This requirement also applies to individuals such as craftsmen or artisans not regularly employed by the contractor, but who are performing work on the job. Code enforcement inspectors will require proof of a current Town of Bluffton business license or proof of employment if an employee.*
- *No deductions shall be made on the permit application by a general or independent contractor for value of work performed by a subcontractor.*
- ***In no case*** will a permanent service or final inspection (if there is not a permanent service inspection) be processed until all required documentation is submitted to the office.

I, the undersigned have read and understand the above. I am the contractor in charge or authorized agent for the contractor in charge, or Owner.

Print: _____

Signature: _____ ***Date:*** _____



**TOWN OF BLUFFTON
BUILDING PERMIT APPLICATION
RESIDENTIAL MASTER APPLICATION**

Growth Management Customer Service Center
20 Bridge Street
Bluffton, SC 29910
(843)706-4522
www.townofbluffton.sc.gov
applicationfeedback@townofbluffton.com

Refuse Disposal Plan

You are required to dispose of all construction waste in accordance with related local, state, and federal regulations.

Permit Number:

Site Debris:

- 1. It shall be the responsibility of the permit holder to clean up and remove all construction debris as well as other related material or organic materials prior to receiving a final inspection approval.*
- 2. Waste shall be contained in such a manner as to prevent contamination of any adjacent property by any means.*

Hurricane Protection:

- 1. No permit holder shall allow construction related materials to remain loose or unsecured at a site from 24 hours after a hurricane watch has been issued until the hurricane watch/warning has been lifted. Materials shall be removed from the site or secured in such a manner as to minimize the danger of such materials causing damage to persons or property from weather emergencies.*
- 2. Failure to comply with this section will subject the permit holder to fines in accordance with the Town of Bluffton Municipal Code.*

Owner Name:

Contractor:

Location:

Solid Waste Containment Method:

Waste Pick-Up and Disposal Schedule:

Disposal Location (Site):

Name of Party or Company Responsible for Removal:

Signature of Responsible Person _____ ***Date:*** _____



**TOWN OF BLUFFTON
BUILDING PERMIT APPLICATION
RESIDENTIAL MASTER APPLICATION**

Growth Management Customer Service Center
20 Bridge Street
Bluffton, SC 29910
(843)706-4522
www.townofbluffton.sc.gov
applicationfeedback@townofbluffton.com

Mechanical Certification of Work to be Performed

PERMIT NUMBER:

NOTE:

1. The Mechanical Certificate is required BEFORE work begins in Plumbing, Electrical, or HVAC.
2. All information on the form is required. Only completed forms will be accepted.
3. Owners doing work in any of the trades are required to have the certificate approved by the Building Official.

State License #:

License Group (Commercial):

Bluffton Business License #:

Work Site: Street Number:

Street Name:

Owner:

Contractor:

Owner
Address:

Contractor
Address:

Owner Phone #:

Contractor Phone #:

Description of Work to be Performed by Mechanical Contractor

Electrical

Electric Service Size:

Plumbing

Heating and Air

Heat Pump Size:

I, am the owner of authorized agent of _____
Print Company Name

The electrical, heating and air conditioning, or plumbing work as described above shall be installed in accordance with Chapter 5 Municipal Code Town of Bluffton and all other applicable codes.

Name (Print)

Notary Public (Print)

Signature

Signature

Date:

Date:

State:

Commission Expires: