



**TOWN OF BLUFFTON
BRICK TIE AFFIDAVIT**

Growth Management Customer Service Center
20 Bridge Street
Bluffton, SC 29910
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applicationfeedback@townofbluffton.com

Brick Tie Affidavit Before Permanent Service Inspection	
Permit Number:	
Contractor Name:	Owner Name:
Address:	Address:
Phone:	Phone:
Location of Work:	
Brick Tie Regulations	
By signing this document, the contractor/authorized agent is adhering to the brick tie regulations below.	
<ul style="list-style-type: none">• Installed per the brick tie FEMA report "Attachment of Brick Veneer in High-Wind Regions".• At least one photo of the installation of brick ties is attached.	
Certification	
The Contractor hereby certifies the above referenced Brick Tie certification is in accordance with the specification established by the FEMA report "Attachment of Brick Veneer in High-Wind Regions".	

Print Name	

Signature of Contractor/Authorized Agent	Date