



**TOWN OF BLUFFTON  
DESIGN PROFESSIONAL CERTIFICATION  
FORM**

Growth Management Customer Service Center  
20 Bridge Street  
Bluffton, SC 29910  
(843) 706-4500  
[www.townofbluffton.sc.gov](http://www.townofbluffton.sc.gov)  
[applicationfeedback@townofbluffton.com](mailto:applicationfeedback@townofbluffton.com)

**Design Professional Certification Form  
Required at Permit Submittal with Plans**

**Permit Number:**

Contractor Name:

Owner Name:

Address:

Address:

Phone:

Phone:

Location of Work:

**Project Description**

**Certification**

The undersigned certifies that he/she is the Design Professional for the above project and is solely responsible for its structural design. This design is only applicable for the above structure and shall not be reused in part, or whole, for any other project without written approval. Also, any structural changes or additions to the above project during construction shall not be approved without the endorsement of the Design Professional.

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**Print name**

\_\_\_\_\_

**Signature of Design Professional**

\_\_\_\_\_

**Date**

(Seal)