



TOWN OF BLUFFTON INSULATION CERTIFICATE

Growth Management Customer Service Center
20 Bridge Street
Bluffton, SC 29910
(843) 706-4500
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applicationfeedback@townofbluffton.com

Insulation Certification Before Insulation Inspection

Permit Number: _____

Location of Job Site: _____

Contractor Name: _____

Address: _____

Phone: _____

Insulation Information

Insulation Values and Types

Wall Value R- _____ Batt Blown Open Cell Foam Closed Cell Foam
Ceiling Value R- _____ Batt Blown Open Cell Foam Closed Cell Foam
Floor Value R- _____ Batt Blown Open Cell Foam Closed Cell Foam
Floor over Garage Value R- _____ Batt Blown Open Cell Foam Closed Cell Foam

Manufacturer: _____

Product: _____

Barrier Type Used

- Thermal Barrier (Storage)
 Ignition Barrier (Equipment Only)

Manufacture: _____

Product: _____

Certification

The Contractor hereby certifies the above referenced Insulation Certification is in accordance with the specification established by the International Residential Code, Professional Designer's specifications, and the manufacturer installation instructions.

Print name

Signature of Contractor/authorized agent

Date