



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

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

<i>Office Use Only</i>		Permit Number:	Date Received:
Project Address:		Lot #:	
Subdivision:		Parcel ID:	
Property Owner		Job Site Contact	
Name:		Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Phone:		Office Phone:	
		Cell Phone:	
		Email Address:	
Contractor		Design Professional	
Name:		Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Phone:		Phone:	
Contractor License/Registration #:		State License #:	
Bluffton Business License #:			
Permit Type			
<input type="checkbox"/> New Structure	<input type="checkbox"/> Addition/Renovation	<input type="checkbox"/> Construction Trailer	<input type="checkbox"/> Electrical
<input type="checkbox"/> HVAC Replacement / Other	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Gas	<input type="checkbox"/> Irrigation
<input type="checkbox"/> Moving Permit	<input type="checkbox"/> Pool/spa	<input type="checkbox"/> Tent	<input type="checkbox"/> Demo
Residential		Commercial	
<input type="checkbox"/> Single Family	<input type="checkbox"/> Duplex	<input type="checkbox"/> Shell	<input type="checkbox"/> Tenant Upfit
<input type="checkbox"/> Townhouse	<input type="checkbox"/> Detached Garage	<input type="checkbox"/> Multi Family	Num of Units:
<input type="checkbox"/> Accessory		<input type="checkbox"/> Fire Sprinkler System	<input type="checkbox"/> Fire Alarm System
Total Square Footage:		Type of Construction (circle one): IA IB IIA IIB IIIA IIIB IV VA VB	
Value of Construction (include materials, labor, profit)			
Plumbing:	\$	Gas:	\$
Electrical:	\$	Building:	\$
Heating/Air:	\$	Total Value of Construction:	\$



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

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.