



**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

**Flashing Affidavit Only
Due Before Rough Inspection**

Permit Number:

Contractor Name:

Owner Name:

Address:

Address:

Phone:

Phone:

Location of Work:

Flashing Regulations

- All flashing materials have been installed per the manufacturer installation instructions or Registered Design Professional specifications IRC 2015 Section R703.4
- Contractor has inspected and is liable for the installation of the flashing

Certification

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

Print name

Signature of Contractor/authorized agent

Date



**TOWN OF BLUFFTON
BUILDING PERMIT APPLICATION
BRICK TIE AFFIDAVIT**

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Brick Tie Affidavit

Before Permanent Service Inspection

Permit Number:

Contractor Name:

Owner Name:

Address:

Address:

Phone:

Phone:

Location of Work:

Brick Tie Regulations

- 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



**TOWN OF BLUFFTON
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GROUNDING AFFIDAVIT**

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Grounding Affidavit Due Prior to Permanent Service		
Permit Number:		
Contractor Name:	Owner Name:	
Address:	Address:	
Phone:	Phone:	
Location of Work:		
Grounding Regulations		
<ul style="list-style-type: none">○ Grounding system has been tested or ohmed out.○ Ohms must 25 or less.○ Test Results _____.		
Certification		
The Contractor hereby certifies the above referenced Grounding Affidavit is in accordance with the specification established by the International Codes.		
_____	_____	_____
Print Name	Signature of Electrician/Authorized Agent	Date

Signature of Notary Public		

Commission Expiration Date of Notary Public		
<i>Place Notary Seal/Stamp Above</i>		



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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

Manufacture: _____

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



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***Roof Fastener and Shingles Certificate
Due Before Permanent Service Inspection***

Permit Number:

Contractor Name:

Owner Name:

Address:

Address:

Phone:

Phone:

Location of Work:

Roof Fastener and Shingles Regulations

- *Roof fasteners have been installed per the Professional Designer's requirements on the plan.*
- *The roof has been installed per the manufacturers installation instructions.*

Certification

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

Print name

Signature of Contractor/authorized agent

Date



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Sealing Certificate		
Due before Permanent Service Inspection		
<i>Permit Number:</i>		
<i>Contractor Name:</i>	<i>Owner Name:</i>	
<i>Address:</i>	<i>Address:</i>	
<i>Phone:</i>	<i>Phone:</i>	
<i>Location of Work:</i>		
<i>The building thermal envelope has been durably sealed to limit infiltration by the above referenced contractor.</i>		
Methods Used to Create Air Barrier		
<input type="checkbox"/> <i>Caulked</i>	<input type="checkbox"/> <i>Weatherstripped</i>	
<input type="checkbox"/> <i>Gasketed</i>	<input type="checkbox"/> <i>Other _____</i>	
Durably Sealed Areas		
<input type="checkbox"/> <i>All joints, seams, & penetrations</i>		
<input type="checkbox"/> <i>Site-built windows, doors, & skylights</i>		
<input type="checkbox"/> <i>Opening between window & door assemblies & their respective jambs & framing</i>		
<input type="checkbox"/> <i>Utility penetrations</i>		
<input type="checkbox"/> <i>Dropped ceilings or chased adjacent to the thermal envelope</i>		
<input type="checkbox"/> <i>Knee walls</i>		
<input type="checkbox"/> <i>Walls & ceilings separating a garage from conditioned spaces</i>		
<input type="checkbox"/> <i>Behind tubs & showers on exterior walls</i>		
<input type="checkbox"/> <i>Common walls between dwelling units</i>		
<input type="checkbox"/> <i>Attic access openings</i>		
<input type="checkbox"/> <i>Rim joist junction</i>		
<input type="checkbox"/> <i>Other sources of infiltration</i>		
Certification		
<i>The Contractor hereby certifies the above referenced Building Thermal Envelope has been durably sealed to limit infiltration in accordance with the specification established by the 2009 International Energy Conservation Code Section 402.</i>		
_____	_____	_____
<i>Print name</i>	<i>Signature of Contractor/authorized agent</i>	<i>Date</i>



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Duct Sealing Certificate Due before Final Inspection					
<i>Permit Number:</i>					
<i>Contractor Name:</i>			<i>Owner Name:</i>		
<i>Address:</i>			<i>Address:</i>		
<i>Phone:</i>			<i>Phone:</i>		
<i>Location of Work:</i>					
<i>The duct tightness was tested by the above referenced contractor.</i>					
CFM25 per 100 ft2 of Conditioned Floor Area = CFM25 x 100/Conditioned Floor Area Served					
<i>If all ducts are not located within conditioned space, builder must verify that either the post construction duct leakage to outdoors (PCO) is ≤ 8 cfm/100 ft2, the post construction total duct leakage (PCT) is ≤ 12 cfm/100 ft2. The Rough-In total leakage shall be ≤ 6 cfm/100 ft2 of conditioned floor area, if air handler is not installed at the time of test the total leakage shall be ≤ 4 cfm/100 ft2 of conditioned floor area. State which method was used to conduct the duct tightness test: duct blower (DB), modified blower door subtraction method (MBDS), or automated multipoint blower door (AMBD).</i>					
Table					
System	Method (DB, MBDS, AMBD)	Test (PCO, PCT, RIT)	CFM25	Area Served (ft2)	Test Result
1					
2					
3					
Certification					
<i>The Contractor hereby certifies the above referenced duct tightness test was done in accordance with the specification established by the 2009 International Energy Conservation Code Section 403.</i>					
_____		_____		_____	
<i>Print name</i>		<i>Signature of Mechanical Contr/authorized agent</i>		<i>Date</i>	



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Residential Energy Compliance Code Certificate		
Permanently Place on or in Electrical Panel for Final Inspection		
Permit Number: _____		
Location of Work: _____		
Envelope Summary		
List the R-Value for the following Components:		
Flat Ceiling/Roof: _____	Foundation Slab: _____	Basement Continuous: _____
Exterior Wall: _____	Cantilevered Floor: _____	Crawlspace Continuous: _____
Attic Kneewall: _____	Slope/Vault Ceiling: _____	Floors over Unconditioned Space: _____
Basement Stud Wall: _____	Above Grade Mass Wall: _____	Other Insulation: _____
Crawlspace Stud Wall: _____	Attic Kneewall Sheathing: _____	
Fenestration Components:		
Window U-factor: _____	Window SHGC: _____	
Skylight U-factor: _____	Skylight SHGC: _____	
Glazed Door U-factor: _____	Opaque Door U-factor (<50% glazed): _____	
Mechanical Summary		
Water heater energy factor: _____ Ef	Fuel type: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other	
Number of heating and cooling systems: _____		
Heating system type (choose one):		
<input type="checkbox"/> Gas: _____ AFUE	<input type="checkbox"/> Air-source heat pump: _____ HSPF	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Efficiency: _____	
Certification		
The Contractor or Design Professional hereby certifies the above referenced Residential Energy Compliance Code Certificate was done in accordance with the specification established by the 2009 International Energy Conservation Code Section 401.3.		
_____	_____	_____
Print name	Signature of Contractor/authorized agent	Date