



**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

The following information shall be included as part of a Building Permit application submitted for review. This checklist is intended to assist in the provision of the minimum documentation necessary to demonstrate compliance with the applicable Building Code regulations. Depending on the proposal, the amount and type of documentation will vary.

New Residential, Additions/Remodels
1. Building Permit Master Application
2. Development Status Form
3. License Requirement
4. Refuse Disposal Plan
5. Window/Door Rating
6. Design Professional Form
7. Stormwater Erosion Control Affidavit
8. Mechanical Certifications (if electrical, mechanical, and plumbing work is involved. Due at time of application).
9. Subcontractor Roster
10. Three (3) sets of plans signed and sealed by a South Carolina Design Professional. (1 full size and 2 11x17's)
11. Three (3) sets of plans of the Site Plan or Survey. (1 full size and 2 11x17's)
12. Manual J and Manual S (if conditioned space).
13. Rescheck (if conditioned space).
14. BJWSA Will Serve Letter including distance to nearest existing sewer (if home is not in established neighborhood and/or PUD)
Minor Electrical, Mechanical, Plumbing & Gas
1. Building Permit Master Application
2. Refuse Disposal Form
3. Three (3) sets of plans signed and sealed by a South Carolina Professional (depends on scope of work).
4. Manual J & S (if adding conditioned space or changing HVAC system).
Irrigation, Swimming Pool, Spa & Water Feature
1. Building Permit Master Application
2. License Requirement
3. Refuse Disposal Form
4. Electrical Mechanical Certificate
5. Three (3) sets of plans of the survey or site plan (only for swimming pool, spa, and water feature).
6. Three (3) sets of plans (only for swimming pool, spa and water feature).
Additional Documentation Requirements for Inspections
1. Foundation survey & compaction slip are required for new structures & additions prior to pouring the foundation.
2. Flood elevation certificate (under construction) prior to foundation inspection. Final Flood Elevation Certificate prior to CO inspection (if construction is located in Flood Zone).
3. Mechanical Certifications (if electrical, mechanical, or plumbing work is involved.) Due at time of permit submittal
4. Signed & sealed truss drawings, floor TJI's-detail layout, Flashing affidavit, & termite certificate – prior to rough in's & frame inspection.
5. Insulation certificate – prior to insulation inspection.
6. Sealing certificate & Roof affidavit – prior to permanent service inspection.
7. Sewer tap approval inspection or letter from BJWSA, duct sealing certificate, and residential energy code certificate - prior to building final inspection.



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<i>Office Use Only</i>		<i>Permit Number:</i>	<i>Date Received:</i>	
<i>Project Address:</i>				<i>Lot #:</i>
<i>Subdivision:</i>		<i>Parcel ID:</i>		
Property Owner			Job Site Contact	
<i>Name:</i>			<i>Name:</i>	
<i>Address:</i>			<i>Address:</i>	
<i>City/State/Zip:</i>			<i>City/State/Zip:</i>	
<i>Phone:</i>			<i>Office Phone:</i>	
<i>Cell Phone:</i>			<i>Cell Phone:</i>	
<i>Email Address:</i>			<i>Email Address:</i>	
Contractor			Design Professional	
<i>Name:</i>			<i>Name:</i>	
<i>Address:</i>			<i>Address:</i>	
<i>City/State/Zip:</i>			<i>City/State/Zip:</i>	
<i>Phone:</i>			<i>Phone:</i>	
<i>Contractor License/Registration #:</i>			<i>State License #:</i>	
<i>Bluffton Business License #:</i>			<i>Email Address:</i>	
Permit Type				
<input type="checkbox"/> <i>New</i>		<input type="checkbox"/> <i>Addition</i>		<input type="checkbox"/> <i>Remodel</i>
Permit Workclass				
<input type="checkbox"/> <i>Single Family</i>	<input type="checkbox"/> <i>Detached Garage</i>	<input type="checkbox"/> <i>Accessory Structure Circle heated or unheated</i>	<input type="checkbox"/> <i>Townhouse</i>	
<input type="checkbox"/> <i>Electrical</i>	<input type="checkbox"/> <i>HVAC</i>	<input type="checkbox"/> <i>Plumbing</i>	<input type="checkbox"/> <i>Gas</i>	
<input type="checkbox"/> <i>Irrigation</i>	<input type="checkbox"/> <i>Pool/spa</i>	<input type="checkbox"/> <i>Demo</i>	<input type="checkbox"/> <i>Fence</i>	
<input type="checkbox"/> <i>Master</i>	<input type="checkbox"/> <i>Re-Roof</i>	<input type="checkbox"/> <i>Retaining Wall</i>	<input type="checkbox"/> <i>Water Feature</i>	
<input type="checkbox"/> <i>Moving Permit</i>	<input type="checkbox"/> <i>Fire Sprinkler System</i>	<input type="checkbox"/> <i>Fire Alarm System</i>		
<i>Total Square Footage:</i>				
<i>Type of Construction (circle one): IA IB IIA IIB IIIA IIIB IV VA VB</i>				
Value of Construction (include materials, labor, profit)				
<i>Plumbing:</i>	\$	<i>Gas:</i>	\$	
<i>Electrical:</i>	\$	<i>Building:</i>	\$	
<i>Heating/Air:</i>	\$	<i>Total Value of Construction:</i>	\$	



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

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.



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Development Status Form

***Please read the following carefully, fill in the fields, initial and sign in the appropriate areas.
This form is required at time of application.***

1. Provide signed statement that:

- a. "Applicant acknowledges a Final Certificate of Construction Compliance has not been issued for the development associated with the subject property."***

(Initial)

- b. "Applicant acknowledges the Town of Bluffton will not perform a permanent service and final building inspections for a Certificate of Occupancy without the issuance of a Final Certificate of Construction and Compliance."***

(Initial)

2. A Final Certificate of Compliance shall not be issued by the Town of Bluffton until a:

- i. Complete application for Final Certificate of Construction and Compliance is submitted by the Development Permit Applicant;***
ii. All necessary utilities to serve the development are installed;
iii. All life safety measures including but not limited to traffic signage, traffic striping, lighting and accessible routes are installed;
iv. All operating permits required as part of the development permit are issued; and
v. The Engineer of Record for the development permit has issued a letter of general compliance.

The building permit applicant hereby accepts all risk associated with home construction without guarantee that a Final Certificate of Construction Compliance will be issued for the development on any given timeline.

Print : _____

Signature: _____

Date: _____



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This Affidavit must be submitted at the time of the building permit application or Certificate of Appropriateness

<i>Office Use Only</i>	Building Permit Number:	Date Received:
	Stormwater Permit Number:	Date Received

Project Address:		Lot #:
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Subdivision: Phase:	Parcel ID: _ _ _ _ _
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Property Owner	Contractor
Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone:	Office Phone:
Cell Phone:	Cell Phone:
Email Address:	Email Address:

Plan Preparer (if prepared by Landscape Architect or Engineer)

Name:	
Address:	
City/State/Zip:	
Office Phone:	
Cell Phone:	
Email Address:	

Project Details and Waterbody Information

Name of Nearest Receiving Waterbody(s):	
Name of Ultimate Receiving Waterbody(s):	
Distance to Nearest Receiving Waterbody(s) (feet):	
Project Disturbed Area (to nearest tenth of an acre):	

Project Description:

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My signature hereto signifies I am the owner/financially responsible party for job site compliance with the Stormwater Ordinance as outlined in Section 5.10 of the Unified Development Ordinance (UDO) and the Stormwater Design Manual Chapter 9.0. I hereby acknowledge that Best Management Practices must be used to ensure control of soil erosion on my job site to include, but not be limited to, the following:

1. Installation and regular maintenance of silt fencing using the preferred method of trenching installation on all low/down slope sides of the job site. Silt fence is to have an upslope return at each end no less than 5 feet; and
2. Installation and regular maintenance of a stone construction entrance. Stone construction entrance shall consist of a 2 inch to 3 inch coarse aggregate stone. Construction entrance shall be a minimum of 6 inches in thickness, 10 foot wide and extend to the structure or a minimum of 15 feet in length; and
3. Removal of mud and sediment from the street or adjacent property(ies) immediately following such an occurrence; and
4. Conduct no land disturbing activity within 35 feet of the banks of streams, lakes, wetlands or other water course or water body; and
5. Provide temporary vegetation and/or mulch on any exposed areas to provide an effective barrier from erosion within 14 days of inactivity; and
6. Install any other measures as deemed necessary by the Watershed Management Division Erosion and Sediment Control Program.
7. All construction site activities must adhere to the South Carolina Department of Health and Environmental Control (SCDHEC) General Permit SC0010000 for Large and Small Site Construction Activities.

I understand that if the disturbed area for any reason becomes greater than 43,560 square feet, or 21,780 square feet within ½ mile of the Critical Zone as defined by SCDHEC, a formal Stormwater Management Plan (SWPPP) with an Erosion Control Plan will be required to be submitted with proper fees for review, approval, and permitting. I further acknowledge the Town’s Building Safety Inspectors may refuse to conduct building inspections and the Watershed Management Division may issue Notices of Violation, Stop Work Orders, and/or Civil Penalties for failure to comply with Sediment & Erosion Control Requirements.

Signature

Print Name

Title

Date Signed

Office Use Only:

Date of Approval in System:

SWP# (if applicable):



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License Requirements

Please read carefully. This form is required at time of application.

Permit Number:

- *Individuals and entities involved in the construction, repair, or renovation of structures including mechanical construction are required to comply with licensing requirements of the State of South Carolina and the Town of Bluffton.*
- *Persons engaging in Business in the Town of Bluffton are required to have current Town Business Licenses.*
- *The contractor is aware that the sub-contractors, also known as independent contractors, which are hired by the contractor to perform services, are not employees. Sub-contractors are required to maintain a valid Town business license and state/local licenses or registrations as applicable when conducting business inside the town limits of Bluffton. This requirement also applies to individuals such as craftsmen or artisans not regularly employed by the contractor, but who are performing work on the job. Code enforcement inspectors will require proof of a current Town of Bluffton business license or proof of employment if an employee.*
- *No deductions shall be made on the permit application by a general or independent contractor for value of work performed by a subcontractor.*
- *In no case will a permanent service or final inspection (if there is not a permanent service inspection) be processed until all required documentation is submitted to the office.*

I, the undersigned have read and understand the above. I am the contractor in charge or authorized agent for the contractor in charge, or Owner.

Print: _____

Signature: _____ ***Date:*** _____



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Refuse Disposal Plan

You are required to dispose of all construction waste in accordance with related local, state, and federal regulations.

Permit Number:

Site Debris:

- 1. It shall be the responsibility of the permit holder to clean up and remove all construction debris as well as other related material or organic materials prior to receiving a final inspection approval.*
- 2. Waste shall be contained in such a manner as to prevent contamination of any adjacent property by any means.*

Hurricane Protection:

- 1. No permit holder shall allow construction related materials to remain loose or unsecured at a site from 24 hours after a hurricane watch has been issued until the hurricane watch/warning has been lifted. Materials shall be removed from the site or secured in such a manner as to minimize the danger of such materials causing damage to persons or property from weather emergencies.*
- 2. Failure to comply with this section will subject the permit holder to fines in accordance with the Town of Bluffton Municipal Code.*

Owner Name:

Contractor:

Location:

Solid Waste Containment Method:

Waste Pick-Up and Disposal Schedule:

Disposal Location (Site):

Name of Party or Company Responsible for Removal:

Signature of Responsible Person _____ Date: _____



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SUBCONTRACTOR ROSTER				
Instructions: Fill out the information in each column. All license numbers must be correct. This form is required at permit submittal. Current Business Licenses are required.				
Permit Number:		Job Location:		
Owner Name:		Date:		
Contractor Name:		Business License #:		
Parcel ID:				
Trade	Contractor Company Name	License Holder Name	Bluffton Business License	Contractor License/Registration
Electrician			LIC	
Plumber			LIC	
HVAC			LIC	
Roofer			LIC	
Foundation			LIC	
Masonry			LIC	
Steel			LIC	
Vinyl/Aluminum Siding			LIC	
Stucco			LIC	
Insulation			LIC	
Sheet Rock/Dry Wall			LIC	
Carpentry/Framing			LIC	
Carpentry/Interior Trim			LIC	
Cabinets			LIC	
Painting			LIC	
Iron Railings			LIC	
Wallpaper			LIC	
Tile Work			LIC	
Equipment			LIC	
Elevator			LIC	
Factory Fireplace			LIC	N/A
Glass			LIC	N/A
Building Sprinkler			LIC	
Alarm System			LIC	
Gas			LIC	



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Permit Number: _____

Window and Door Ratings Per the Current IRC: This form is required for any construction that includes new or replacement window(s)/door(s)

DESIGN PRESSURE VALUES LISTED IN TABLE ARE POUNDS/SQ.FT. (PSF)

**WIND ZONE INLAND 140 MPH (B EXPOSURE)
BASIC WIND ZONE (MPH 3 SECOND GUST)**

Zone 5 = All windows/doors that are 4 ft. or closer to a corner
Zone 4 = All other windows/doors

Enter number of openings and check the applicable boxes

Mean Roof Height	Zone (4)	Number of Windows	Number of Doors	Number of Sky Lights
15'	DP 35			
20'	DP 35			
25'	DP 35			
30'	DP 35			
35'	DP 35			
40'	DP 40			
45'	DP 40			
50'	DP 40			
Mean Roof Height	Zone (5)	Number of Windows	Number of Doors	Number of Sky Lights
15'	DP 45			
20'	DP 45			
25'	DP 45			
30'	DP 45			
35'	DP 45			
40'	DP 45			
45'	DP 50			
50'	DP 50			

Type of Protection for Openings

	High Impact Glass
	Approved Shutters
	Type of Shutters

Print Name: _____

Signature: _____ **Date:** _____



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Mechanical Certification of Work to be Performed

PERMIT NUMBER:

NOTE:

1. *The Mechanical Certificate is required at the time of permit submittal.*
2. *All information on the form is required. Only completed forms will be accepted.*
3. *Owners doing work in any of the trades are required to have the certificate approved by the Building Official.*

State License #:

License Group (Commercial):

Bluffton Business License #:

Work Site: Street Number:

Street Name:

Owner:

Contractor:

*Owner
Address:*

*Contractor
Address:*

Owner Phone #:

Contractor Phone #:

Description of Work to be Performed by Mechanical Contractor

ÿ Electrical

Electric Service Size:

ÿ Plumbing

ÿ Heating and Air

Heat Pump Size:

*I, am the owner of authorized agent of _____
Print Company Name*

The electrical, heating and air conditioning, or plumbing work as described above shall be installed in accordance with Chapter 5 Municipal Code Town of Bluffton and all other applicable codes.

Name (Print)

Notary Public (Print)

Signature

Signature

Date:

Date:

State:

Commission Expires:



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Mechanical Certification of Work to be Performed		
PERMIT NUMBER:		
NOTE: 1. The Mechanical Certificate is required at the time of permit submittal. 2. All information on the form is required. Only completed forms will be accepted. 3. Owners doing work in any of the trades are required to have the certificate approved by the Building Official.		
State License #:	License Group (Commercial):	
Bluffton Business License #:		
Work Site:	Street Number:	Street Name:
Owner:		Contractor:
Owner Address:		Contractor Address:
Owner Phone #:		Contractor Phone #:
Description of Work to be Performed by Mechanical Contractor		
<input type="checkbox"/> Electrical	Electric Service Size:	
<input type="checkbox"/> Plumbing		
<input type="checkbox"/> Heating and Air	Heat Pump Size:	
<p><i>I, am the owner of authorized agent of _____</i> <i>Print Company Name</i></p> <p><i>The electrical, heating and air conditioning, or plumbing work as described above shall be installed in accordance with Chapter 5 Municipal Code Town of Bluffton and all other applicable codes.</i></p>		
Name (Print)	Notary Public (Print)	
Signature	Signature	
Date:	Date:	State:
Commission Expires:		



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Mechanical Certification of Work to be Performed		
PERMIT NUMBER:		
NOTE: <ol style="list-style-type: none"> 1. The Mechanical Certificate is required at the time of permit submittal. 2. All information on the form is required. Only completed forms will be accepted. 3. Owners doing work in any of the trades are required to have the certificate approved by the Building Official. 		
State License #:	License Group (Commercial):	
Bluffton Business License #:		
Work Site:	Street Number:	Street Name:
Owner:		Contractor:
Owner Address:		Contractor Address:
Owner Phone #:		Contractor Phone #:
Description of Work to be Performed by Mechanical Contractor		
<input type="checkbox"/> Electrical	Electric Service Size:	
<input type="checkbox"/> Plumbing		
<input type="checkbox"/> Heating and Air	Heat Pump Size:	
<p><i>I, am the owner of authorized agent of _____</i> <i>Print Company Name</i></p> <p>The electrical, heating and air conditioning, or plumbing work as described above shall be installed in accordance with Chapter 5 Municipal Code Town of Bluffton and all other applicable codes.</p>		
Name (Print)	Notary Public (Print)	
Signature	Signature	
Date:	Date:	State:
Commission Expires:		



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***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.

_____ *Print name*

_____ *Signature of Design Professional*

_____ *Date*

(Seal)