



**TOWN OF BLUFFTON  
BUILDING PERMIT APPLICATION  
FLASHING AFFIDAVIT**

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

<b>Flashing Affidavit Only Due Before Rough In</b>		
Permit Number:		
Contractor Name:	Owner Name:	
Address:	Address:	
Phone:	Phone:	
Location of Work:		
<b>Flashing Regulations</b>		
<ul style="list-style-type: none"><li>○ All flashing materials have been installed per the manufacturer installation instructions or Registered Design Professional specifications</li><li>○ Contractor has inspected and is liable for the installation of the flashing</li></ul>		
<b>Certification</b>		
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.		
_____	_____	_____
<b>Print name</b>	<b>Signature of Contractor/authorized agent</b>	<b>Date</b>