



TOWN OF BLUFFTON
BUILDING PERMIT APPLICATION
MIXED USE / MULTI FAMILY 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. License Requirement
3. Refuse Disposal Plan
4. Stormwater Erosion Control Affidavit
5. Design Professional Form
6. Mechanical Certifications (if electrical, mechanical, and plumbing work is involved. Due at time of application).
7. Special Inspector Registration (if applicable)
8. Four (4) sets of plans signed and sealed by a South Carolina Design Professional.
9. Four (4) sets of plans of the Site Plan or Survey.
10. ASHREA (if conditioned space).
11. Comcheck (if conditioned space).
Minor Electrical, Mechanical, Plumbing & Gas
1. Building Permit Master Application
2. Refuse Disposal Form
3. Four (4) sets of plans signed and sealed by a South Carolina Professional (depends on scope of work).
4. ASHREA (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. Four (4) sets of plans of the survey or site plan (only for swimming pool, spa, and water feature).
6. Four (4) 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 prior to subcontractors beginning work at site.
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, State Elevator Inspection (if applicable), DHEC Approval (if applicable), Final Special Inspector Reports (if applicable), 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>	
Contractor License/Registration #:		<i>State License #:</i>	
Bluffton Business License #:		<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>Mixed Use</i>		<input type="checkbox"/> <i>Multi Family – Apartment</i>	
<input type="checkbox"/> <i>Multi Family - Condo</i>			
<i>Num of Units:</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> \$		Total Value of Construction: \$	



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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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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 #:

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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SUBCONTRACTOR ROSTER				
Instructions: Fill out the information in each column. All license numbers must be correct. This form is required before the inspection for permanent service. 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	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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SPECIAL INSPECTOR REGISTRATION FORM Due before First Inspection		
<i>Office Use Only</i>	Permit Number:	Date Received:
Project Address:		Lot #:
Subdivision:	Parcel ID:	
Special Inspector		
____ Individual ____ Agency ____ Firm ____ Approved Fabrication		
Name:		
Address:		
City/State/Zip:		
Phone:		
Cell Phone:		
Email Address:		
Type of Inspections		
Check all types that apply and explain. Supply additional detailed information as required on attached documents.		
____ Steel Construction _____		
____ Concrete Construction _____		
____ Masonry Construction _____		
____ Wood Construction _____		
____ Soils _____		
____ Pile Foundations _____		
____ Pier Foundations _____		
____ Wall Panels and Veneers _____		
____ Spray Fire Resistant Materials _____		
____ Exterior insulation and Finishing Systems (EFIS) _____		
____ Special Cases _____		
____ Smoke Control _____		
Quality Assurance Plans		
Check all types that apply and explain. Supply additional detailed information as required on attached documents.		
____ Seismic Resistance _____		
____ Wind Requirements _____		
____ Structural Observations _____		
Sufficient documentation shall be attached to each form to demonstrate to the Building Official that the education, training and work experience of the Special Inspector, Agency, Firm or Fabricator qualifies them to perform the Special Inspections as indicated.		



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As the Architect/ Engineer of Record I make application to permit the Special Inspectors listed on this Registration Form to perform Special Inspections as indicated. The information on this form and the attached documents is complete and accurate. I understand that all Specials Inspections must be conducted according to the approved construction documents and in compliance with the Town of Bluffton's adopted codes.

Signature

Print Name

Date Signed



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Mechanical Certification of Work to be Performed

PERMIT NUMBER:

NOTE:

1. The Mechanical Certificate is required BEFORE work begins in Plumbing, Electrical, or HVAC.
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

Electrical

Electric Service Size:

Plumbing

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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PERMIT NUMBER:	
NOTE: 1. The Mechanical Certificate is required BEFORE work begins in Plumbing, Electrical, or HVAC. 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:
I, am the owner of authorized agent of _____ <div style="text-align: center;">Print Company Name</div>	
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 BEFORE work begins in Plumbing, Electrical, or HVAC.
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

Electrical

Electric Service Size:

Plumbing

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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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)



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Flashing Affidavit Only Due Before Rough In		
Permit Number:		
Contractor Name:	Owner Name:	
Address:	Address:	
Phone:	Phone:	
Location of Work:		
Flashing Regulations		
<ul style="list-style-type: none">○ All flashing materials have been installed per the manufacturer installation instructions or Registered Design Professional specifications○ 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



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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
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>		
_____	_____	_____
Print name	Signature of Contractor/authorized agent	Date



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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>					
<hr/> <i>Print name</i>		<hr/> <i>Signature of Mechanical Contr/authorized agent</i>		<hr/> <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