



**TOWN OF BLUFFTON
SPECIAL INSPECTOR REGISTRATION**

Growth Management Customer Service Center
20 Bridge Street
Bluffton, SC 29910
(843) 706-4500
www.townofbluffton.sc.gov
applicationfeedback@townofbluffton.com

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			
<input type="checkbox"/> Individual <input type="checkbox"/> Agency <input type="checkbox"/> Firm <input type="checkbox"/> 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.			
<input type="checkbox"/> Steel Construction _____ <input type="checkbox"/> Concrete Construction _____ <input type="checkbox"/> Masonry Construction _____ <input type="checkbox"/> Wood Construction _____ <input type="checkbox"/> Soils _____ <input type="checkbox"/> Pile Foundations _____ <input type="checkbox"/> Pier Foundations _____ <input type="checkbox"/> Wall Panels and Veneers _____ <input type="checkbox"/> Spray Fire Resistant Materials _____ <input type="checkbox"/> Exterior insulation and Finishing Systems (EFIS) _____ <input type="checkbox"/> Special Cases _____ <input type="checkbox"/> Smoke Control _____			
Quality Assurance Plans			
Check all types that apply and explain. Attach additional detailed information as required to application or submitted plans.			
<input type="checkbox"/> Seismic Resistance _____ <input type="checkbox"/> Wind Requirements _____ <input type="checkbox"/> 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, the Special Inspectors listed on this Registration Form shall 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