



**TOWN OF BLUFFTON**  
**STATEMENT OF**  
**UNDERSTANDING**

Growth Management Customer Service Center  
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 Bluffton, SC 29910  
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**Statement of Understanding**  
**Moving in Belongings Prior to Certificate of Occupancy**

Permit Number:	
Contractor Name:	Owner Name:
Address:	Address:
Phone:	Phone:

Project Address:

**Reason**

**Risk of Moving Belongings Prior to Issuing of Certificate of Occupancy**

This statement is to verify all parties understand and agree to the possible risks of moving private property into the designated area prior to the receipt of a Certificate of Occupancy. In the event that one must move out of an existing home, or due to unforeseen circumstances, and the Certificate of Occupancy has not been awarded by the Town of Bluffton, any private property moved in will **not** be protected by the contractor's insurance. The Town shall not be held responsible for the damage or theft of any private property on the premise between the signing of this document and the issuance of the Certificate of Occupancy. The Town strongly discourages moving private property in at this time. By signing this statement, all parties understand the possible implications.

**Certification**

The Owner and Contractor hereby certify that the above referenced information will be in accordance with the specification established by the Town of Bluffton. **The Owner and Contractor will also keep floor spaces clear a minimum of 3 feet from walls and agree not to occupy the structure until the issuance of a Certificate of Occupancy.**

_____	_____	_____
Print name	Signature of Owner	Date
_____	_____	_____
Print name	Signature of Contractor	Date
_____	_____	_____
Print name	Signature of Inspector	Date