



**TOWN OF BLUFFTON
BUILDING PERMIT APPLICATION
ICE AND WATER SHIELD CERTIFICATE
(SPECIAL ROOFS BASED ON APPROVAL)**

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

**Ice and Water Shield Certificate (Special Roofs Based on Approval)
Before Exterior Sheathing Inspection
Requires Review and Approval by Chief Building Official Before Inspection**

Permit Number:

Contractor Name:

Owner Name:

Address:

Address:

Phone:

Phone:

Location of Work:

Ice and Water Shield Regulations

Provide a copy of the manufacturer specifications for the Ice and Water Shield that is being used along with this document.

Installation Date: _____

Exposure Date: _____

I hereby understand that I am taking full responsibility and monetary obligation for the installation of the Ice and Water Shield on the roof and the roof boots to keep the moisture out. I certify that I will have the permanent roof in place on or before the required **exposure date**. I understand that failure to have the permanent roof in place on or before the exposure date will result in replacement of the under roofing material or written approval from the manufacturer.

Certification

The Contractor hereby certifies the above referenced Ice and Water Shield 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**

NOTE: Upon install, certificate must be submitted to Chief Building Official for approval. Must submit manufacturer specifications with certificate.