TOWN OF BLUFFTON
ADDITIONS/REMODELS & MINOR PROJECTS PERMIT APPLICATION

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

Office Use Only	***Permit Number:***	***Date Received:***	
Project Address:			***Lot #:***
Parcel ID: R			

Property Owner	***Job Site Contact***
Name:	***Name:***
Address:	***Address:***
City/State/Zip:	***City/State/Zip:***
Phone:	***Office Phone:***
Cell Phone:	***Cell Phone:***
Email Address:	***Email Address:***
Contractor	***Design Professional***
Company ***Name:***	***Name:***
Address:	***Address:***
City/State/Zip:	***City/State/Zip:***
Phone:	***Phone:***
SCLLR #:	***State License #:***
Bluffton Business License #:	***Email Address:***
Permit Type	***Project Type***
☐ Addition ☐ Remodel	☐ Commercial ☐ Residential

Permit Workclass

☐ ***Structure***	☐ ***Shell***	☐ ***Tenant Upfit***	☐ ***Accessory***
☐ ***Electrical***	☐ Solar	☐ ***Gas***	☐ ***Plumbing***
☐ ***Irrigation***	☐ ***Pool/spa***	☐ ***Moving Permit***	☐ ***Tent***
☐ ***Demo***	☐ ***Construction Trailer***	☐ Generators	☐ ***Fence***
☐ ***Retaining Wall***	☐ ***Water feature***	☐ ***Fire Sprinkler System***	☐ ***Fire Alarm System***

Number of Units:	New or Added ***Square Footage:***

Type of Construction (circle one): IA IB IIA IIB IIIA IIIB IV VA VB

Value of Construction (include materials, labor, profit)

Plumbing:	***$***	***Gas:***	***$***
Electrical:	***$***	***Building:***	***$***
Heating/Air:	***$***	***Total Value of Construction:***	***$***

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Detailed Description of Work	
Change of Use: Y or N; If Yes, indicate existing use:	***Proposed Use:***

Construction Details					
Total Parcel Area Sq. Ft.		***Total Pervious Sq. Ft.***		***Total Impervious Sq. Ft.***	
Heated Sq. Ft. (new or added)		***Number of Elevators***			
Unheated Sq. Ft. (new or added)		***Type of Heating/Air***		☐ ***Elec*** ☐ ***Gas***	
		Type of Roofing Materials			
Number of Stories		***Size of LP Tank***			
Number of Bathrooms		***Gas***		☐ ***Yes*** ☐ ***No***	
Number of Bedrooms		***Septic Tank Number***			
Number of Fireplaces		***Type of Sewage Disposal***		☐ ***Public Sewer*** ☐ ***Septic***	
Total Habitable Rooms		***Fire Sprinkler System***		☐ ***Yes*** ☐ ***No***	
Type of Exterior Materials		***Fire Alarm System***		☐ ***Yes*** ☐ ***No***	

Application is hereby made for a permit to perform work as described in this application along with accompanying drawings if required. The information on this application is complete and accurate and I am authorized to submit this application. I understand that all work must be according to approved plan and in compliance with all Town of Bluffton adopted codes and other regulations as applicable. Individuals and entities involved in the construction, repair, or renovation of structures are required to comply with licensing requirements of the State of South Carolina and the Town of Bluffton.

_____ _____ _____

Print name ***Signature of owner/authorized agent*** ***Date***

Persons engaging in Business in the Town of Bluffton are required to have current Town business licenses.

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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.***

*Property Owner**:***

Contractor:

*Property Address**:***

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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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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Design Professional Certification Form ***Required at Permit Submittal with Plans***	
Permit Number:	
Contractor Name:	*Property Owner:*
Address:	*Address:*
Phone:	*Phone:*
Project Address:	

Project Description

Certification
The undersigned certifies that they are the Design Professional responsible for the applicable design and/or work included in the above-referenced project and are solely responsible for the design within their area of professional responsibility. This design is specific to the above-referenced project and shall not be reused, in whole or in part, for any other project without their written approval. *Any changes, modifications, or additions to the design or work within their area of responsibility made during construction shall be reviewed and approved by the Design Professional prior to implementation.* _____ _____ _____ ***Print name*** ***Signature of Design Professional*** ***Date*** ***(Seal)***

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Mechanical Certification of Work to be Performed

PERMIT NUMBER:

NOTE:

1. **All information on the form is required. Only completed forms will be accepted.**

SCLLR # and Classification:

Bluffton Business License Number:

Project Address:

Property Owner:	**Primary Contractor:**

Description of Work to be Performed by Mechanical Contractor

☐ **Electrical**	**Electric Service Size:**
☐ **Plumbing**	
☐ **Heating and Air**	**Heat Pump Size:**

I am the owner or 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** _____ **Date**	_____ **Signature** _____ **Date**
	_____ **Commission Expires** _____ **State**
	[Place Notary Seal/Stamp Above]

****Notary Seal date must be within four weeks of application submittal.****

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_____
Name (Print)

_____ _____
Signature **Date**

_____
Notary Public (Print)

_____ _____
Signature **Date**

_____ _____
Commission Expires **State**

[Place Notary Seal/Stamp Above]

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	_____ **Commission Expires** _____ **State**
	[Place Notary Seal/Stamp Above]

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SUBCONTRACTOR ROSTER

Instructions: Fill out the information in each column. All license numbers must be current for the State of SC and Town of Bluffton Business License. License holders must reflect the information provided on **https://llr.sc.gov/** **This form is required before the inspection for permanent service.**

Permit Number:	Project Address:
Property Owner**:**	**Date:**
Contractor Name:	**Business License #:**

Trade	Contractor Company Name	License Holder Name	Bluffton Business License	State License/Registration #
Electrician			BL	
Plumber			BL	
HVAC			BL	
Roofer			BL	
Foundation			BL	
Masonry			BL	
Steel			BL	
Vinyl/Aluminum Siding			BL	
Stucco			BL	
Insulation			BL	
Sheet Rock/Dry Wall			BL	
Carpentry/Framing			BL	
Carpentry/Interior Trim			BL	
Cabinets			BL	
Painting			BL	
Iron Railings			BL	
Wallpaper			BL	
Tile Work			BL	
Equipment			BL	
Elevator			BL	
Factory Fireplace			BL	N/A
Glass			BL	N/A
Building Sprinkler			BL	
Alarm System			BL	
Gas			BL	

Beaufort County Impact Fee Assessment Application

Nature of Use: *

- ◯ Commercial
- ◯ Single-Family Residential
- ◯ Multi-Family Residential

Nature of Work: *

- ◯ New Installation
- ◯ Commercial Accessory Structure
- ◯ Commercial Addition
- ◯ Residential Addition

Project Address/Location (Including Building or Suite Number) *

Legal Description of Property (PIN#) *

Development Type

If Commercial, Choose One

Square Ft. Under Roof: *

Square Ft. Heated *

Owner's Name: *

Owner's Address:

Owner's Email: *

Owner's Phone Number: *

Contractor's Name: *

Contractor's Address:

Contractor's Email: (This email will receive the invoice)*

Contractor's Phone Number: *