



**Georgetown County**  
**Department of Public Services**  
*Innovative Leadership & Teamwork!*

Stormwater Division  
Old County Courthouse  
129 Screven Street  
Georgetown, SC 29440

## Land Disturbance Application

**IF A PERMIT APPLICATION REMAINS DORMANT (NO ACTIVITY BY APPLICANT OR AGENT) FOR A NINETY (90) DAY PERIOD, THE APPLICATION WILL BE TERMINATED AND RETURNED TO APPLICANT WITHOUT THE REVIEW FEES.**

### **PROJECT INFORMATION:**

Project Name: \_\_\_\_\_ Date: \_\_\_\_\_

Tax Map Number: \_\_\_\_\_

Project Location: \_\_\_\_\_

Project Description: \_\_\_\_\_

Total Project Area (acres): \_\_\_\_\_ Area (sq-ft): \_\_\_\_\_ No. of Phases: \_\_\_\_\_

Phase Name: \_\_\_\_\_ Area (acres): \_\_\_\_\_ Disturbed Area (acres, from DHEC NOI IV.E.): \_\_\_\_\_

Pervious Area (sq-ft): \_\_\_\_\_ Impervious Area (sq-ft): \_\_\_\_\_

Estimated Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

Nearest Receiving Waterbody: \_\_\_\_\_

Nearest TMDL Station: \_\_\_\_\_

Stormwater Management System: Check all that apply

Detention Pond

Retention Pond

Bioswale

Underground Storage

Infiltration Trenches

Exfiltration System

Other: \_\_\_\_\_

Treatment Volume Provided (cf) \_\_\_\_\_ Treatment Volume Required (cf) \_\_\_\_\_

### **CONTACT INFORMATION:**

Owner / Applicant Name: \_\_\_\_\_ Engineer / Designer Name: \_\_\_\_\_

Company: \_\_\_\_\_ Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Revised March 2015

**CERTIFICATION:**

I hereby certify that all land disturbing activities and infrastructure to be constructed on this site shall be in accordance with the approved plans and the applicable requirement of the Georgetown County Stormwater Management Program Ordinance and Design Manual. I also grant permission for Georgetown County representatives to enter the property for site inspections.

**Owner/ Person Financially Responsible:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date