



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

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

**CLOSE-OUT APPLICATION FORM**

This form must be filled out for Georgetown County Land Disturbance Activity Projects requiring a Stormwater Construction Approval upon completion of construction.

Name of Project: \_\_\_\_\_

Stormwater Plan Review Approval Date: \_\_\_\_\_

NPDES Permit Coverage Number (if applicable): \_\_\_\_\_

**PROPERTY INFORMATION**

A. Owner/Developer: \_\_\_\_\_

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

City, State & Zip: \_\_\_\_\_

Phone (Day): \_\_\_\_\_ (Cell): \_\_\_\_\_ (Fax): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

B. Property Address (  Check box if same as above): \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Parcel/TMS #: \_\_\_\_\_

C. Previous Owner Name: \_\_\_\_\_

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

City, State & Zip: \_\_\_\_\_

Phone (Day): \_\_\_\_\_ (Cell): \_\_\_\_\_ (Fax): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

D. Engineer, Technical Representative or Firm: \_\_\_\_\_

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

City, State & Zip: \_\_\_\_\_

Phone (Day): \_\_\_\_\_ (Cell): \_\_\_\_\_ (Fax): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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**CLOSEOUT INFORMATION**

- A. Date Construction Completed: \_\_\_\_\_
- B. Is the entire site sufficiently stabilized?      YES      NO
- C. Are all Stormwater Facilities working properly?      YES      NO
- D. Is the operating Maintenance Agreement of Stormwater Facilities recorded with the Georgetown County Register of Deeds Office?      YES      NO
- E. If so, indicate the Recorded Deed Book & Page: \_\_\_\_\_
- F. Are there a PDF and DWG as-built of the site's Stormwater Management System attached to this form?      YES      NO
- G. Is the as-built in state plane coordinates, NAD 83 international feet?      YES      NO

**APPLICANT'S CERTIFICATION**

I hereby certify that all construction, development, and/or re-development has been completed in accordance with the County requirements and the County approved project application and all information is truthful to the best of my knowledge. I realize that I am now responsible for the long-term maintenance of all stormwater management facilities until a transfer of ownership has been approved by the Georgetown County Stormwater Division.

Applicant's Printed Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_