



HURRICANE IRMA EMERGENCY GENERAL PERMIT APPLICATION

S. C. Department of Health & Environmental Control
Office of Ocean & Coastal Resource Management
Charleston Beaufort Myrtle Beach
953-0200 846-9400 238-4528
953-0201 (fax) 846-9810(fax) 238-4526(fax)

NAME AND MAILING ADDRESS OF APPLICANT:

PHONE #: (Bus.) _____
(Home) _____
(Fax) _____

NAME AND MAILING ADDRESS OF AUTHORIZED AGENT: (If an agent is listed, all correspondence will be sent to the agent.)

PHONE #: (Bus.) _____
(Home) _____
(Fax) _____

LOCATION OF THE PROJECT (Address of project site):

TAX MAP NUMBER(TMS#):

PERMIT NUMBER (if applicable):

NAME OF WATERWAY:

LOCAL GOVERNING BODY WITH JURISDICTION OVER SITE:

DESCRIBE THE DAMAGE TO THE PREVIOUSLY EXISTING STRUCTURE:

DESCRIBE THE SIZE AND DIMENSIONS OF THE PREVIOUSLY PERMITTED OR GRANDFATHERED STRUCTURE TO BE REPAIRED OR RECONSTRUCTED:



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APPLICATION**

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APPLICATION IS HEREBY MADE FOR A PERMIT OR PERMITS TO AUTHORIZE THE ACTIVITIES DESCRIBED HEREIN. I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS APPLICATION, THAT THE STRUCTURE(S) TO BE REPAIRED OR RECONSTRUCTED WAS/WERE PREVIOUSLY PERMITTED OR GRANDFATHERED (IN EXISTENCE PRIOR TO SEPTEMBER 29, 1977) AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE, COMPLETE, AND ACCURATE. I FURTHER CERTIFY THAT I POSSESS THE AUTHORITY TO UNDERTAKE THE PROPOSED ACTIVITIES OR I AM ACTING AS THE DULY AUTHORIZED AGENT OF THE APPLICANT.

Signature of Applicant

Date

Signature of Agent (if agent has been listed)

Date

IMPORTANT!! This application must be signed by the applicant and the authorized agent (if an agent has been listed on page one of this application. Please submit complete applications to:

South Carolina Department of Health and Environmental Control
Office of Ocean and Coastal Resource Management
Attn: Critical Area Permit Coordinator
1362 McMillan Avenue, Suite 400
Charleston, South Carolina 29405

The applicant shall permit the SCDHEC Office of Ocean and Coastal Resource Management to make periodic inspections at any time deemed necessary in order to assure that the activity being performed is in accordance with the terms and conditions prescribed herein.