



## Request to Have a Critical Area Line Established

**Property owners:** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Surveyor:** Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

- This is a request to:  Set a new critical area line  
 Certify a line set by OCRM  
 Certify a line set by another party  
 Resubmittal

Site address: \_\_\_\_\_ County: \_\_\_\_\_

Tax map number: \_\_\_\_\_ Acreage: \_\_\_\_\_

Adjacent waterbody/marshes of: \_\_\_\_\_

Special instructions (examples—dog, locked gate, landmarks, marked property corners):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach any previous plats or surveys and a site map.** This form must be completed in full in order for OCRM to process the request. Any additional information that will assist staff fulfill this request may be included. Incomplete requests will be returned.

Please submit this request to:

DHEC OCRM  
Attn:Critical Area Permitting Section  
1362 McMillan Ave., Suite 400  
Charleston, SC 29405

For official use only:

Tracking #: \_\_\_\_\_ Date received: \_\_\_\_\_

Date flagged: \_\_\_\_\_ Date certified: \_\_\_\_\_