



CITY OF CHARLESTON, SOUTH CAROLINA
Department of Development Services

Close-Out Application Form

ALL REQUESTED INFORMATION MUST BE PROVIDED ON THIS FORM

- A. Name of Project: _____
- B. Engineering Division Permit Number: _____
- C. NPDES Permit Coverage Number (if applicable): SCR10 _____
- D. Owner Name: _____
Address: _____
City: _____, State: _____
Zip: _____
Phone: _____ - _____ - _____ Mobile: _____ - _____ - _____ Fax: _____ - _____ - _____
Email Address (optional): _____
- E. Property Info: Check Box if same as above
Address: _____
City: _____, South Carolina
Zip: _____
Tax Map Number(s): _____
- F. Previous Owner Name: _____
Address: _____
City: _____, State: _____
Zip: _____
Phone: _____ - _____ - _____ Mobile: _____ - _____ - _____ Fax: _____ - _____ - _____
Email Address (optional): _____
- G. Closeout Information: Date Construction completed (MM/DD/YYYY): _____ / _____ / _____
- a. Is the entire site sufficiently stabilized? Yes No
- b. Are all stormwater facilities working properly and ready for long-term functioning? Yes No

Owner Certification

“I hereby certify that all construction, development, and/or re-development has been completed in accordance with the City requirements and the City-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 Public Service Department in accordance with the Stormwater Management Ordinance.”

Owner's Printed Name

Owner's Signature

Date