



CITY OF CHARLESTON, SOUTH CAROLINA

Department of Development Services

TRANSFER OF CONSTRUCTION ACTIVITY APPLICATION **City of Charleston**

A. Name of Activity: _____

B. City of Charleston Application Number: _____ - _____

C. NPDES Permit Coverage Number (if applicable): SCR10 _____

D. Tax Map Number(s): _____

E. New Applicant Name: _____
Address: _____
City: _____, State: _____
Zip: _____
Phone: _____ - _____ - _____ Mobile: _____ - _____ - _____ Fax: _____ - _____ - _____
Email Address (optional): _____

F. Property Info: Check Box if same as above
Address: _____
City: _____, South Carolina
Zip: _____

G. Original Applicant Name: _____
Address: _____
City: _____, State: _____
Zip: _____
Phone: _____ - _____ - _____ Mobile: _____ - _____ - _____ Fax: _____ - _____ - _____
Email Address (optional): _____

H. Transfer Information: Requested Transfer Date (MM/DD/YYYY): _____ / _____ / _____
a. Is the entire permit being transferred to a new Permit Holder? Yes No
b. Is this a subdivision where only a lot or a group of lots are being transferred? Yes No
c. If Yes to Item G.b, list the lot, or group of lots being transferred (By TMS# or Lot #).

I. Other Information:
a. If there are no modifications being made to the plans, include one (1) set of plans with signed Designer and Applicant's certification statements.
b. If this is a subdivision where a lot or group of lots are being transferred, include a plat sheet clearly identifying the lot or group of lots that are being transferred.
c. Include a transfer of ownership fee of \$100.00 with the plans.
d. YOU MUST ATTACH TO THIS APPLICATION A LEGAL DESCRIPTION OF THE PROPERTY BEING TRANSFERRED.
e. By signing this application, the new applicant is certifying that he/she has read through the existing maintenance agreement, fully understands the maintenance responsibilities, and fully accepts the maintenance responsibilities.



Original Applicant's Certification

“I hereby am requesting that the responsibility and ownership of the City Permit listed in Item B above be transferred to the individual/entity listed in Item E above. I hereby agree that the responsibility and ownership of the City Permit listed in Item B above will continue to be my responsibility until such time as this application is signed and filed at the office of the Register Mesne Conveyance for Charleston County, South Carolina or the Register of Deeds for Berkeley County, South Carolina by the City of Charleston.

Applicant's Printed Name

Applicant's Signature

Date

New Applicant's Certification

“I hereby agree to accept the responsibility and ownership of the City Permit listed in Item B above. I further certify that all construction and/or development shall be done pursuant to this Permit and I am responsible for the construction activities and related maintenance thereof once this application is signed and filed at the office of the Register Mesne Conveyance for Charleston County, South Carolina or the Register of Deeds for Berkeley County, South Carolina by the City of Charleston. I authorize the City of Charleston and its designees to enter the property for the purpose of on-site inspections at any time.

Applicant's Printed Name

Applicant's Signature

Date

This Application has been approved by the City of Charleston.

Printed Name and Title

Signature

Date