



CLOSE-OUT APPLICATION FORM

This form must be filled out for Town of Summerville Stormwater Construction Projects requiring a Stormwater Construction Approval upon completion of construction.

A. Name of Project: _____

Disturbed Area (to nearest tenth of an acre): _____

B. Stormwater Plan Review Approval Date: _____

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

D. Owner/Developer Name: _____

Address: _____

City: _____, State: _____ Zip: _____

Phone: _____ Mobile: _____ Fax: _____

Email Address: _____

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: _____

G. Engineer, Technical Representative or Firm: _____

Address: _____

City: _____, State: _____ Zip: _____

Phone: _____ Mobile: _____ Fax: _____

Email Address: _____

H. Closeout Information: Date construction completed (MM/DD/YYYY): _____

a. Is the entire site sufficiently stabilized? YES NO

b. Are all stormwater facilities working properly & ready for long-term functioning? YES NO

I. Record/As-built information:

a. Is a PDF and/or digital copy of the site plan (in state plane coordinates, NAD 83 international feet) showing the as-built stormwater management system attached to this form? YES NO

Applicant's Certification:

I hereby certify that all construction, development, and/or re-development have been completed in accordance with the Town requirements and the Town 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 Town of Summerville Engineering Department in accordance with the Stormwater Management Ordinance.

Applicant's Printed Name

Applicant's Signature

Date