Land Development Division
(864) 467-4613

PROJECT INFORMATION FORM

(this form must be completed in its entirety)

Today's Date: _____

1. Facility or Project Name: _____ Permit No. _____ Tax Map No. _____

2. Primary Permittee Name: _____ Company Name: _____

   Street Address: _____ City: _____ State:____ Zip: _____

   Email Address: _____

   Office Phone No. (Day): _____ Ext. _____ Mobile No. _____ Fax No. _____

3. Name of Engineering Firm: _____ Engineer Name: _____

   Office Phone No. (Day): _____ Ext. _____ Mobile No. _____ Fax No. _____

4. Grading Contractor Company Name: _____

   Owner's Name: _____ Email Address: _____

   Street Address: _____ City: _____ State:____ Zip: _____

   Office Phone No. (Day): _____ Ext. _____ Mobile No. _____ Fax No. _____

   Job Superintendent Name (day-to-day contact): _____Mobile No. _____

   Email Address: _____

5. Certified Sediment & Erosion Control Inspector Name: _____

   Company Name: _____

   Address: _____ City: _____ State:____ Zip: _____

   Email Address: _____

   Office Phone No. (Day): _____ Ext. _____ Mobile No. _____ Fax No. _____

   SC DHEC 4 Digit Registration No. _____ Expiration Date: _____ Date Attended Class: _____

   **** Please include a copy of your current CEPSCI Certification Card upon submittal of this form to LDD.**

   IF Cepsci Inspector is under a supervised SC Certified P.E., please list individual's name: _____

   S.C. Registration # _____ Company Name: _____

   Office Phone No. (Day): _____ Ext. _____ Mobile No. _____ Fax No. _____

   Email Address: _____

_____	_____	_____
Signature of Primary Permittee	Printed Name	Date

REMINDER:

- Sediment & Erosion Control Inspections to continue until project has been closed.

Revised: 02/2013