



CHEROKEE COUNTY

Building Safety

110 Railroad Ave.
Gaffney, SC 29340

Office 864-487-2561 Fax 864-902-1100



GRADING/LAND DISTURBANCE PERMIT APPLICATION

SECTION 1

- Date of Application: _____
- Applicant's Name: _____
- Applicant's Mailing Address: _____
- Applicant's Phone Number: _____
- Project Name: _____
- Tax Map Number: _____
- Address/Location of Project: _____
- Estimated Cost of Project: _____
- Nature of Work: _____
- _____
- **DHEC Permit #** _____
- Total Acreage of Site: _____ Number of Disturbed Acres: _____
- Anticipated Start Date: _____ Anticipated Completion Date: _____
- Nearest receiving waterbody: _____
- Distance to nearest receiving waterbody: _____
- Is property within a Flood Zone? YES / NO _____ (Classification)
_____ (FEMA Panel Number)
- Are there any freshwater wetlands located on the property? _____
- If YES, have the wetlands been delineated? _____
- Are any wetlands being impacted by the project? _____
- Is this part of a larger common plan for development or sale? _____
- Will adjacent properties and utilities be protected during and after operation? (i.e. shoring, erosion control, stormwater system etc.) YES _____ NO _____
- Are site plans included with this application, showing existing conditions, proposed conditions, proper stormwater management and erosion control methods, etc.?
YES _____ NO _____

SECTION 2

A.) Property owner of record: _____
Address of owner: _____
Phone (day): _____ (mobile) _____

B.) Person financially responsible for the land disturbing activity, if different from above: _____
Address: _____
Phone (day): _____ (mobile) _____

C.) Agent or Contact person (IF APPLICABLE): _____
Address: _____
Phone (day): _____ (mobile) _____

D.) Engineer, Technical representative or firm (IF APPLICABLE): _____
Address: _____
Phone (day): _____ (mobile) _____

E.) Contractor or operator (if known): _____
Address: _____
Phone (day): _____ (mobile) _____

SECTION 3

I hereby certify that all land disturbing activities and associated work pertaining to this site shall be accomplished pursuant to and in keeping with the terms and conditions of the approved plans. I also certify that a responsible person will be assigned to the project for day-to-day control. I certify under penalty of law that this document and all attachment were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

PRINT NAME
OWNER/PERSON FINANCIALLY RESPONSIBLE

SIGNATURE
OWNER/PERSON FINANCIALLY RESPONSIBLE