

Permit # _____

STFEE# _____

PICKENS COUNTY STORMWATER APPLICATION FOR GRADING PERMIT

APPLICANT INFORMATION **PLEASE PRINT CLEARLY**

Date:

Name:

Current address:

City:

State:

ZIP Code:

Phone: (home)

(Cell)

(Fax)

Email address:

LOCATION WHERE GRADING WILL OCCUR:

PROJECT ADDRESS:

SUBDIVISION NAME (IF APPLICABLE):

TAX MAP NUMBER:

PROVIDE A SHORT DESCRIPTION OF THE PROJECT:

OFFICE USE:

Pickens County Office of Stormwater Management
222 McDaniel Avenue
Pickens, SC 29671



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Email: scottief@co.pickens.sc.us