U.S. Army Corps of Engineers – Charleston District - Regulatory Division

PRE-APPLICATION MEETING REQUEST

This form is intended for use by anyone requesting a pre-application meeting with the U.S. Army Corps of Engineers, Charleston District (Corps) to discuss projects that may result in the submission of a Department of the Army (DA) permit application. Please complete this form and supply the supporting documents described below. This document can be completed electronically and then printed. This document must be signed by the current property owner(s) if an on-site meeting is requested (see Section II). The printed form and supporting documents should be mailed to the appropriate office (refer to the enclosed service area map):

Charleston Office:

US Army Corps of Engineers Regulatory Division 69A Hagood Avenue Charleston, SC 29403 (ph) 843-329-8044 SAC.RD.Charleston@usace.army.mil

Columbia Office:

US Army Corps of Engineers Regulatory Office 1519 Taylor Street Columbia, SC 29201 (ph) 803-253-3444 SAC.RD.Columbia@usace.army.mil

Conway Office:

US Army Corps of Engineers Regulatory Office 1949 Industrial Park Road, Room 140 Conway, SC 29526 (ph) 843-365-4239 SAC.RD.Conway@usace.army.mil

Greenville Office:

US Army Corps of Engineers Regulatory Office 750 Executive Center Dr, Suite 103 Greenville, SC 29615 (ph) 864-609-4326 SAC.RD.Greenville@usace.army.mil

I. PROPERTY AND AGENT INFORMATION	
Requestor (person requesting the meet	ting):
Name:	
Address:	
Phone:	Email:
[] I am the attorney represen	owner representing the property owner or developer (SEE SECTION III BELOW) nting the property owner or developer
Name:	property owners, please attach additional pages):
Company Name (if applicable):	
Address:	Email:
Pnone:	Email:
Project Name:	Date:
Project Name: County:	Latitude/Longitude:
Project Name: County: Tax Map Sequence (TMS) #(s):	Latitude/Longitude:
Project Name: County: Tax Map Sequence (TMS) #(s): Property Address(es): Acreage(s):	Latitude/Longitude:
Project Name: County: Tax Map Sequence (TMS) #(s): Property Address(es): Acreage(s):	Latitude/Longitude:
Project Name: County: Tax Map Sequence (TMS) #(s): Property Address(es): Acreage(s):	Latitude/Longitude:
Project Name: County: Tax Map Sequence (TMS) #(s): Property Address(es): Acreage(s):	Latitude/Longitude:
County:Tax Map Sequence (TMS) #(s): Property Address(es):	Latitude/Longitude:

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6. Are you requesting a meeting at the local Corps office or an on-site meeting?			
NOTE: If an on-site meeting is requested, Section I must also be completed and signed by the current	I, the Property Access Authorization portion of this form, property owner.		
[] Local Corps Office [] On-Site (Location provide	ed in Section 3.) [] Other:		
7. Do you plan on having legal counsel present at the that the Corps will likely have legal counsel present if you	e meeting? (Note: an attorney is not required, but please note u plan to bring an attorney to the meeting)		
[]YES [] NO			
8. Information Required to Accompany Request: Che information possible:	eck the items submitted. Please include as much		
□ Accurate Location Map (County Map, USG □ Map of Project Site □ Delineation/ Estimation of waters of the US □ Conceptual Site Plans for the Overall Deve □ Proposed Development Plans 9. Preliminary Statement of Project Purpose:	, and the second		
10. Preliminary Project Description:			
IF AN ONOITE MEETING IS BEGUESTED. BUT ASE OF	MADE ETE OFOTION II (DEL OU)		
<u>IF AN ONSITE MEETING IS REQUESTED, PLEASE CO</u>	MMPLETE SECTION II (BELOW)		
II. PROPERTY ACCESS AUTHORIZATION			
I, the undersigned, a duly authorized owner of record or representatives of the U.S. Army Corps of Engineers, (for the purposes of a pre-application meeting.	of the below parcel number(s), do hereby authorize Charleston District, to enter upon the below parcel number(s)		
I acknowledge that under South Carolina common procures, or incites another to commit a trespass,	law, a person who authorizes, advises, encourages, is liable along with the actual perpetrator.		
covers up any trick, scheme, or disguises a materi- statements or representations or makes or uses ar	ited States knowingly and willfully falsifies, conceals, or		
Mailing Address of Property Owner	Property Address		
TMS #(s)	Property Owner Name (please print)		
	1 Topolty Owner Name (please plint)		

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III. AGENT/CONSULTANT AUTHORIZAT	「ION [] Not ap	olicable		
I, the undersigned, do authorize the agent/consultant listed above (on page 1) to act in my behalf in the preapplication meeting and to furnish supplemental information in support of the pre-application meeting.				
I acknowledge that 18 U.S.C. Section 1001 provides that: Whoever, in any manner within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals, or covers up any trick, scheme, or disguises a material fact or makes any false, fictitious or fraudulent statements or representations or makes or uses any false writing or document knowing same to contain any false, fictitious or fraudulent statements or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both.				
Property Owner Name (or Requestor Name) (please print)				
Signature of Property Owner (or Requestor): Date:				
The Consultant/Agent is acting on behalf of the (check all that apply):				
[] Property Owner	[] Requestor	[] Other, please explain:		

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