

**CITY OF ABBEVILLE
EROSION/SEDIMENT CONTROL PLAN
APPLICATION**



OWNER OR DEVELOPERS NAME: _____

ADDRESS: _____

CONSULTING FIRM'S NAME: _____

ADDRESS: _____

CONTACT PERSON: _____

EROSION & SEDIMENT CONTROL PLAN: _____

FILING FEE: **\$50.00**

I, the undersigned, hereby certify that the submitted Erosion & Sediment Control Plan does comply with the City of Abbeville's Ordinance (Sec. 15-200 thru 15-218)

Electronic Signature Agreement

I understand and agree that my application will be signed electronically when I type my name in the signature box **AND** select the check box below. I also understand that my electronic signature means that I intend to apply for this permit/application and have provided the City of Abbeville with accurate information.

I understand that under penalty of perjury that I have examined all the information on this application, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this electronic application, or causes someone else to do so, commits a crime and may be sent to prison or may face other penalties, or both.

Signature **Date**

I have read and agree with the statements above.