



Maintenance and Repair Request

Property Owner _____

Name & Address: _____

(Email) _____

Phone Number: _____

Agent (if applicable) _____

(Note - Agent must have written authorization to act on behalf of the property owner)

(Email) _____

Phone Number: _____

This is a request to (describe specifically the area to be repaired):

Site address: _____ **County:** _____

Tax Map Number: _____

Adjacent Waterbody/Marshes of: _____

*****Please attach applicable drawings and photos of the structure needing repair. OCRM staff may deem a site visit necessary. This form must be completed in full in order for OCRM to process the request. Any additional information that will assist staff fulfill this request may be included.**

Incomplete requests will be returned.

Please submit this request to:

Charleston Office: SCDHEC-OCRM Attn: Tess Rodgers
1362 McMillan Ave, Suite 400
Charleston, SC 29405

Beaufort Office: SCDHEC-OCRM Attn: Geordy Madlinger
104 Parker Drive
Beaufort, SC 29906

Myrtle Beach Office: SCDHEC-OCRM Attn: Tanitra Marshall
927 Shine Ave
Myrtle Beach, SC 29557

OCRM use: EFIS #: _____

Date Received: _____

Date of M & R decision : _____ Decision: Approved or Denied