



CANDICE S. MILLER

Macomb County Public Works Commissioner

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www.publicworks.macombgov.org

Soil Erosion and Sediment Control Permit Application

Please complete the following

Property Owner:

Name _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Fax _____

Alternate Phone _____ Email _____

On-site Responsible Party:

Company Name _____

Name _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Fax _____

Alternate Phone _____ Email _____

I (we) affirm that the above information is accurate and that I (we) will conduct the above described earth change in accordance with Part 91, Soil Erosion and Sedimentation Control, of the Natural Resource and Environmental Protection Act, 1994 PA 451, as amended, applicable local ordinances, and the documents accompanying this application.

I will accept information regarding my property including compliance status via email

Property Owner's Signature

Date

Designated Agents Signature*

Date

Print Name

Print Name

*Designated agent must have a written statement from landowner authorizing him/her to secure a permit in the landowner's name.

Parcel ID Number - - - - Building/Lot Number _____

Name of Project/Plat _____

Project Located In: NW¼ NE¼ SE¼ SW¼ PC _____ Section _____

County of Macomb T _____ R _____ Municipality _____

Address _____

Description of Earth Change: _____

Approximate Start Date _____ Approximate Completion Date _____

Soil Types _____ Size of Earth Change (Acres or Sq. ft.) _____

Distance of Nearest Lake, Stream or Open Drain _____

Name of Nearest Lake, Stream or Open Drain _____

Note: _____ complete sets of plans must be attached.

Estimated Cost of Erosion and Sediment Control _____

Plan Preparer's Name _____ Telephone _____

For Office Use Only

Application Fee _____ SESC # _____ Date Issued _____

Remarks _____

Drain Permit Drain Contract NPDES Permit MDEQ Permit Plan on Print