CANDICE S. MILLER



Macomb County Public Works Commissioner 21777 Dunham, ClintonTownship, MI 48038 • (586)469-5327 • Fax (586)307-8264

Soil Erosion and Sediment Control Permit Application

Please complete the following

Property Owner:					
Name					
Address	City	-	State	Zip	
Telephone	Cell				
Alternate Phone	Emai				
On-site Responsible Party:					
Company Name					
Name					
Address		-	State	Zip	
Telephone	Cell				
Alternate Phone	Emai			_	
I (we) affirm that the above information accordance with Part 91, Soil Erosion an Act, 1994 PA 451, as amended, applicable By signing below I agree to accept information.	d Sedimentation Control le local ordinances, and t	, of the Natural Resou the documents accom	rce and Environ panying this app	mental Protection plication.	
Property Owner's Signature	Date	Designated Agents	Signature*	Date	
Print Name		Print Name			
*Designated agent must have a written statem	ent from landowner authoriz	ing him/her to secure a po	ermit in the landov	vner's name.	
Parcel ID Number		Building/Lot Num	nber		
Name of Project/Plat					
Project Located In: NW¼ NE¼ SE ¼ SW ½	4 PC		Section		
County of Macomb T R_	Municipality				
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Description of Earth Change:					
Approximate Start Date		Annrovimate Com	aletion Date		
Soil Types	Start Date Approximate Completion Date Size of Earth Change (Acres or Sq. ft.)				
Distance of Nearest Lake, Stream or Open		artir change (Acres of 5	q. rc.)		
Name of Nearest Lake, Stream or Open Dr	•				
Name of Nearest Lake, Stream of Open Di					
	ans must be attached				
Estimated Cost of Erosion and Sedimer	nt Control	Talaakaa	_		
Plan Preparer's Name		Telephon	e		
For Office Use Only Applicat	ion FeeS	ESC #	Date Issued _		
Drain Permit D	rain Contract NPD	ES Permit MDE	Q Permit 🗌	Plan on Print	