

LENAWEE COUNTY DRAIN COMMISSIONER'S OFFICE
 320 Springbrook Ave. Adrian Michigan 49221 (517)264-4696 Fax:(517)264-4785
SOIL EROSION AND SEDIMENTATION POLLUTION CONTROL APPLICATION
PART 91 OF ACT 451

PERMIT# _____

APPLICANT: <input type="checkbox"/> LANDOWNER <input type="checkbox"/> DESIGNATED AGENT*			
LANDOWNER NAME:		ADDRESS:	
CITY:	STATE:	ZIP:	PHONE:
PARTIES RESPONSIBLE FOR EARTH CHANGE:			
NAME:		COMPANY NAME:	
ADDRESS:	CITY:	STATE:	ZIP:
PHONE:			
SITE LOCATION			
SECTION:	TOWNSHIP:	CITY:	VILLAGE:
ADDRESS:		PHONE:	
PROPOSED ACTIVITY OR EARTH CHANGE			
HOUSE CONSTRUCTION <input type="checkbox"/>	POND <input type="checkbox"/>	SEAWALL <input type="checkbox"/>	OTHER: _____
TYPE OF EARTH CHANGE:		ACRES DISTURBED:	
DISTANCE TO NEAREST WATERCOURSE:		WATERCOURSE:	
START DATE:	END DATE:	TOTAL DAYS:	
MEASURES TAKEN TO PREVENT EROSION:			
MEASURES TAKEN TO PREVENT OFF SITE SEDIMENTATION:			
PERSON ON-SITE RESPONSIBLE FOR EARTH CHANGE:			PHONE:

* Designated Agent must submit a written statement from owner authorizing him/her to secure a permit in their name.

I (we) affirm that the above information is accurate and that I (we) will conduct the described earth change in accordance with Part 91 of Act 451 of 1994 as amended, its corresponding rules, applicable local ordinances and the agreements accompanying this application.

Designated Agent Signature	Date	Owner Signature	Date
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OFFICE USE ONLY

APPLICATION REVIEWED BY:	Date:	
AUTHORIZED SIGNATURE:	Date:	
ISSUE DATE:	EXPIRATION DATE:	TOTAL DAYS:
PERMIT FEE:\$	BOND:\$	TOTAL AMT DUE:\$

****SITE PLAN AND FEE SCHEDULE ON BACK****