



Macomb County Public Works Soil Erosion and Sedimentation Control Permit Application

Property Owner:

Name: _____ Date of Application: _____

Address: _____
(Street) (City) (ST) (Zip)

Phone Number: _____ Alternate Phone: _____

Fax: _____ E-mail: _____

On-site Responsible Party:

Company Name: _____

Name: _____ Date of Application: _____

Address: _____
(Street) (City) (ST) (Zip)

Phone Number: _____ Alternate Phone: _____

Fax: _____ E-mail: _____

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.

Property Owner's Signature

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 landowners name.*



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

Name of Project/Plat: _____

Project Located In: NW 1/4 NE 1/4 SE 1/4 SW 1/4 PC Section: _____

County of Macomb T _____ R _____ Municipality: _____

Address: _____

(Street)

(City)

(ST)

(Zip)

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 Drain: _____

Name of Nearest Lake, Stream or Drain: _____

Note: _____ **complete sets of plans must be attached.**

Estimated Cost of Erosion and Sediment Control: _____

Plan Preparer's Name: _____ Phone Number: _____

FOR OFFICE USE ONLY

SESC #: _____ Date Issued: _____

Application Fee: _____

Remarks: _____

- Drain Permit
- Drain Contract
- NPDES Permit
- MDEQ Permit
- Plan on Permit