

**COUNTY OF EATON
ENFORCING AGENT
PERMIT APPLICATION
FOR PART 91
SOIL EROSION AND
SEDIMENTATION CONTROL**

OFFICE USE ONLY

PERMIT #
DATE ISSUED
EXPIRATION DATE

1. APPLICANT (PLEASE CHECK IF APPLICANT IS THE LANDOWNER OR DESIGNATED AGENT*)

NAME		<input type="checkbox"/> LANDOWNER		<input type="checkbox"/> DESIGNATED AGENT	
ADDRESS					
CITY	STATE	ZIP	TELE. # ()		

2. LOCATION

SECTION	TOWNSHIP	CITY / VILLAGE		COUNTY	EATON
SUBDIVISION	LOT NO.	TAX ID NUMBER	STREET ADDRESS		

3. PROPOSED EARTH CHANGE

DESCRIBE PROJECT	SIZE OF EARTH CHANGE (ACRES OR SQUARE FEET)
NAME AND DISTANCE TO NEAREST LAKE, STREAM OR DRAIN	PROJECT START DATE
	PROJECT COMPLETION DATE

4. SOIL EROSION AND SEDIMENTATION CONTROL PLAN (REFER TO RULE 323.1703)

NOTE: 2 COMPLETE SETS OF PLANS MUST BE ATTACHED.	ESTIMATED COST OF EROSION AND SEDIMENTATION CONTROL
	PLAN PREPARER'S NAME AND TELEPHONE NUMBER

5. PARTIES RESPONSIBLE FOR EARTH CHANGE

<i>NAME OF LANDOWNER (IF NOT PROVIDED AS APPLICANT)</i>		<i>ADDRESS</i>	
<i>CITY</i>	<i>STATE</i>	<i>ZIP</i>	<i>AREA CODE/TELEPHONE NUMBER</i>
<i>NAME OF INDIVIDUAL "ON-SITE" RESPONSIBLE FOR EARTH CHANGE</i>		<i>COMPANY NAME</i>	<i>AREA CODE/TELEPHONE NUMBER</i>
<i>ADDRESS</i>			<i>CELL #</i>
<i>CITY</i>	<i>STATE</i>	<i>ZIP</i>	<i>FAX #</i>

6. PERFORMANCE DEPOSIT (AMOUNT DETERMINED DURING PLAN REVIEW)

AMOUNT REQUIRED \$	<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK	<input type="checkbox"/> IRREVOCABLE LETTER OF CREDIT
NAME OF SURETY COMPANY			

BY SIGNING THIS APPLICATION, AND OUR OFFICE ACCEPTING IT, YOU ARE HEREBY GIVING THIS OFFICE ACCESS TO THE ABOVE PROPERTY DURING NORMAL BUSINESS HOURS OF 7 A.M. TO 6 P.M. MONDAY THRU FRIDAY.

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 RESOURCES AND ENVIRONMENTAL PROTECTION ACT, 1994 PA 451, AS AMENDED, APPLICABLE LOCAL ORDINANCES, AND THE DOCUMENTS ACCOMPANYING THIS APPLICATION.

LANDOWNER'S SIGNATURE	PRINT NAME	DATE
DESIGNATED AGENT'S SIGNATURE	PRINT NAME	DATE

****DESIGNATED AGENT MUST HAVE A WRITTEN STATEMENT FROM LANDOWNER AUTHORIZING HIM TO SECURE A PERMIT IN THE LANDOWNER'S NAME.***