

SOIL EROSION AND SECIMENTATION POLLUTION CONTROL APPLICATION
PRESQUE ISLE COUNTY BUILDING DEPARTMENT
P.O. BOX 110
ROGERS CITY, MI 49779

Applicant

Name

Address

City State Zip Code

Country

LOCATION

Township	<input type="text"/>	Town	<input type="text"/>
Section	<input type="text"/>	Range	<input type="text"/>
Subdivision	<input type="text"/>	Lot	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/> Zip Code <input type="text"/>
Country	<input type="text"/>		

PROPOSED EARTH CHANGE

Type of Change Size of Earth Change

Distance to nearest lake stream or drain

Date to Start Date Completed

SOIL EROSION AND SEDIMENT POLLUTION CONTROL PLAN
NOTE: COMPLETE PLANS MUST BE ATTACHED

Plan Preparers Name

Preparer's Company Name

PARTIES RESPONSIBLE FOR EARTH CHANGE

Name of Property Owner of Record

Address

City State Zip Code Phone Number

Name of Individual on site responsible for Earth Change

Company Name

Address

City State Zip Code

Phone Number

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, Act 451 of the Public Acts of 1994, its corresponding rules, applicable local ordinances and the agreements accompanying this application.

Owner

Print Name _____

Signed By _____

Print Name _____

Signed By _____

Applicate

Print Name _____

Signed By _____

Print Name _____

Signed By _____

NOTE: Owner's signature is REQUIRED ON THIS FORM

