

**MONROE COUNTY**  
**SOIL EROSION SEDIMENTATION CONTROL**  
**PERMIT APPLICATION**  
in accordance with Part 91, Soil Erosion Sedimentation Control, of the  
Natural Resources and Environmental Protection Act, Act 451 of 1994, as amended

1) Owner's Name: \_\_\_\_\_  
(if company also list responsible individuals name i.e., John Doe, President)

Address: \_\_\_\_\_  
Street City State Zip Code

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2) Owner's Designated Agent: \_\_\_\_\_  
(after company name list responsible persons name i.e., Jane Doe, P.E.)

Address: \_\_\_\_\_  
Street City State Zip Code

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3) Contractor's Name \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

4) Indicate Who the On-Site Responsible Person Will Be : #1 \_\_, #2 \_\_, or #3 \_\_

5) a) Parcel I.D. #: 58 \_\_\_\_\_

b) Legal description of parcel (attach a copy): Section #: T\_\_S R\_\_E

Street Address: \_\_\_\_\_

6) Acreage of Parcel: \_\_\_\_\_

7) a) Describe the project and the earth change activity:

b) Approximate the earth disruption in acres: \_\_\_\_\_

c) Soil Type: (clay, silt, loam, sand etc.) \_\_\_\_\_

- 8) List the number and type of drawings being attached to and accompanying this application:

Check the appropriate blank:

- \_\_\_\_ a) Location Map  
\_\_\_\_ b) Topographic Map  
\_\_\_\_ c) Site Plan  
\_\_\_\_ d) Final Grading/Drainage Map  
\_\_\_\_ e) Soil Erosion & Sedimentation Control Plan  
\_\_\_\_ f) Other

\*NOTE: Drawings a, c, & e are required with all applications.

- 9) Identify all lakes, streams, wetlands, open ditch drains, water courses or enclosed storm drains and the actual distance to each that might receive run-off from the developed site.

- 10) Attach a construction schedule detailing the major phases of the project, including proposed dates.

a) Proposed Start Date: \_\_\_\_\_

b) Proposed completion Date: \_\_\_\_\_

- 11) Indicate any additional measures to prevent soil erosion or off-site sedimentation that do not appear on the plan submitted to satisfy item 8e.

- 12) Performance Deposit (If required):

Surety Company: \_\_\_\_\_

Address: \_\_\_\_\_

Amount Required: \_\_\_\_\_

Type of Deposit: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Owner's/Designated Agent's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

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, S.E.S.C., P.A. 451 of 1994 as amended, applicable local ordinances, and the documents accompanying this application.

\*Designated agent must submit a written statement from landowner authorizing him/her to secure a permit in the landowner's name.

**MONROE COUNTY DRAIN COMMISSIONER**  
**1005 S. Raisinville Rd. Monroe, MI 48161 (734) 240-3101 or 240-3105**

(Revised December 16, 2002)