## **APPLICATION for SOIL EROSION and** SEDIMENTATION CONTROL PERMIT Make Checks Payable to St. Joseph County CD OFFICE USE Permit No.

Please indicate how you want to receive the permit:  [ ] Mail to applicant	OFFICE USE Permit No						
	Date Rec'dDate Issued						
	Fee Expiration						
[ ] Hold in office [ ] Fax a copy to applicant							
4 APPLICANT INFORMATION							
1. APPLICANT INFORMATION	[ ] Landowner -or- [ ] Designated Agent (also fill out 4A)						
NameAddress							
Address	Fax Number						
Telephone #Cell Number							
2. PROJECT LOCATION							
A Township Section	Section City/Village						
B Address of Property	Is address visible? [ ] yes [ ] no						
C Subdivision Lot No.	Tax ID (if known)						
D. Names of roads at nearest intersection							
E. Is there another building on the site? [] yes [] no If yes, color and style of building?							
F. Describe adjacent houses or buildings							
r. Describe adjacent nodoso et sainang							
3. PROPOSED EARTH CHANGE							
A. Project Type: O House O Addition O Garage O Deck O Lot Clearing O Commercial Bldg O Fill Placement							
O Septic O Seawall O Dredge O Pond O Demolition O Road O Garage – type							
B. Describe Project							
C. Number of Buildings Does the work	include: []well []septic []driveway []parking						
D. Size of Area Disturbed (include stockpile areas and temporary roads):							
[ ] Less than 225 square feet	3 x 208 ft) [ ] One acre or more – total acres or sq ft						
E Names of Lakes Streams or County Drains within 500 ft							
E. Names of Lakes, Streams, or County Drains within 500 ft							
G. Projected Start Date Projected Completion Date							
G. Projected Start Date							
4. PARTIES RESPONSIBLE FOR EARTH CHANGE							
A. Name of Landowner (if not provided in section 1 above)_							
Address	Phone						
CityState/Zip							
B. Excavating Contractor							
Address							
C. General Contractor (if not provided) Phone							
Address							
D. Which party assumes responsibility for <i>Post Construction</i> site stabilization (final grading and planting)?							
I I I I I I I I I I I I I I I I I I I							
[ ] Landowner [ ] General Contractor [ ] E							

5. SOIL EROSION AND SEDIMEN	TATION CONTR	OL PLAN		(Refer to Ru	le 323.1703)
A. Which measures will be in place			[]berms	[ ] loose straw mulch	
[ ] silt fence (trenched in)		aing	[] natural veget		
[ ] temporary seeding				audit []Tollog maler zam	
	[ ] diversions				
B. *Controls Required as a Condition	on of this Permit				
*(To be completed by SESC staff)					
C. Estimated Cost of Temporary Erosion and Sediment Control					
D. Permanent Erosion Control Mea	asures (to be insta	alled within	n 5 days of final g	rade):	
[ ] hydro seeding	[]seed	[ ] sod	[ ] mul	lch []gravel	
[ ]rock riprap	[ ] pavement	[]curb	[ ] bas	sin []other	
6. SUBMIT A SITE PLAN CONTAINING THE FOLLOWING ON ONE OR MORE MAPS:					
[ ] Site location sketch	showing access re	ads and	water bodies (spa	ice provided below) learly marked	
[ ] Construction site plan [ ] Predominant <b>features</b>	with property line of the land (hills	s and <b>but</b> s, wetlands	s, existing building	gs, slopes, driveways)	
I Direction of slone or	contour lines				
[ ] Indicate outer limit of [ ] A schedule of earth of	excavation inclu	ding stock	kbiles and strimb i	grubbing	
[ ] Location of all propos	ed <b>erosion contr</b>	ol measu	res		
7. PERFORMANCE DEPOSIT (If	an additional esc	row amou	int is required.)	Litrovocable Letter of Credit	[1 Surety Bond
Amount Required \$	[]Ca	sh [](	Sertmed Check	[] III evocable Letter of Ground	[]
Name of Surety Company					
Address					
City/State/Zip Code Area Code/Telephone No					
				Space for site location	on sketch
8. SIGN THE APPLICATION		Haat Lugill	conduct the	Space for site location	m Skoton
I affirm that the above information is accurate and that I 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, local or	dinances	and the		
documents accompanying this a	oplication.				
Landowner's Signature					
Landowner's Signature		.,			
OR Designated Agent					
Print Name	Date	e			
(Designated agent must have a authorizing him/her to secure a	written statement permit in the lando	from land owner's na	owner ame)		

- Please review this form for changes and requirements added by permitting staff during processing.
- It is your responsibility to request a renewal of this permit if site is not stabilized before the expiration date.
- Obtain all necessary permits from state and local governments prior to construction.
- Call the Conservation District at (269) 467-6336 ext. 5 when construction and stabilization are complete.

COMPLETED APPLICATION MAY BE MAILED OR BROUGHT TO THE <u>ST. JOSEPH CO.</u>

CONSERVATION DISTRICT, 693 E. MAIN ST., CENTREVILLE, MI 49032 HOURS: MON-FRI 8-4:30