

DELTA COUNTY ZONING AND BUILDING DEPARTMENT

310 Ludington Street
 Escanaba, MI 49829

Ph: **906-789-5189**
 Fax: **906-789-5188**

For Office Use Only

Permit Number
Date Issued
Expiration Date

Soil Erosion and Sedimentation Pollution Control Permit Application

1. APPLICANT		<input type="checkbox"/> OWNER		<input type="checkbox"/> DEVELOPER		<input type="checkbox"/> OTHER	
Name				Address			
City				State	Zip	Area Code/Telephone	

2. Location	Section	Town	Range	Lot No(s)	Township	Subdivision
City/Village					County	Street Address

3. PROPOSED EARTH CHANGE				Size of Earth Change (Acres)	
Type of Change:					
Distance to Nearest Lake, Stream or Dam _____ ft.		Watercourse(s) affected:		Date Project To Start	Date Project to Be Completed

4. SOIL EROSION AND SEDIMENT POLLUTION CONTROL PLAN (Note: Two (2) sets of complete plans must be attached.)		
Estimated Cost of Erosion & Sedimentation Control \$ _____	Plan Preparer's Name	Preparer's Company Name

5. PARTIES RESPONSIBLE FOR EARTH CHANGE: Property Owner of Record (if other than Owner/Applicant from No. 1)					
Address		City	State	Zip	Area Code/Telephone
Name of Individual "On Site" Responsible for Earth Change			Company Name		
Address		City	State	Zip	Area Cole/Telephone

6. PERFORMANCE DEPOSIT: Amount Required \$				<input type="checkbox"/> Cash <input type="checkbox"/> Certified Check <input type="checkbox"/> Irrevocable Letter of Credit <input type="checkbox"/> Surety Bond No.	
Name of Company					
Address		City	State	Zip	Area Code/Telephone
Local Agent					
Address		City	State	Zip	Area Code/Telephone

I (we) affirm that the above information is accurate and that I (we) will conduct the above described earth change in accordance with the Soil Erosion and Sedimentation Control Ordinance of Delta County.	
Owner's Signature	Date
Applicant's Signature	Date