

**JACKSON COUNTY HEALTH DEPARTMENT
PERMIT APPLICATION
FOR PART 91
SOIL EROSION AND SEDIMENTATION CONTROL**

1. APPLICANT (Please check if applicant is the landowner or designated agent*)							
Name:						Landowner	Designated Agent
Address:							
City:		State:		Zip:		Phone:	
Email:						Fax:	

2. LOCATION							
Section		Town	N / S	Range	E / W	Township	
Tax ID #:				Lot #		Subdivision	
Street Address:							

3. PROPOSED EARTH CHANGE							
Circle Project Type:	Residential	Multi-Family	Commercial	Industrial	Land Balancing		
Describe project:				Size of Earth Change: (acres or square feet)			
				Project Start: ___ / ___ / 20___ Finish: : ___ / ___ / 20___			
Name to Nearest Surface Water:							

4. SOIL EROSION AND SEDIMENTATION CONTROL PLAN (Refer to Rule 323.1703) See Note Below							
Estimated Cost of Erosion and Sediment Control: \$							
Plan Preparer's Name and Telephone Number:							

5. PARTIES RESPONSIBLE FOR EARTH CHANGE							
Name of Landowner:				Address:			
City:		State:		Zip:		Phone:	
Email:						Fax:	
Name of ON SITE Indv. Responsible for Earth Change:							
Name of Company:				Address:			
City:		State:		Zip:		Phone:	
Email:						Fax:	

NOTE (1) ONE COMPLETE SET OF PLANS SHALL BE ATTACHED FOR RESIDENTIAL APPLICATIONS.
(2) TWO COMPLETE SETS OF PLANS SHALL BE ATTACHED FOR COMMERCIAL APPLICATIONS.

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.

6. SIGNATURES							
Landowner's Signature				Print Name		Date	
Designated Agent's Signature*				Print Name		Date	

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



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