

**LEELANAU CONSERVATION DISTRICT**

112 W. Philip Street, PO Box 205  
Lake Leelanau, MI 49653-0205  
Phone: 231-256-9783 Fax: 231-256-7851

|  |   |
|--|---|
| Date Received _____                      | Permit Number _____   |
| Application Fee _____                    | Check No. _____ <input type="checkbox"/> Visa <input type="checkbox"/> MC |
| <b>Make check payable to Leelanau CD</b> |   |

**PERMIT APPLICATION FOR SOIL EROSION AND SEDIMENTATION CONTROL**

PART 91 of Act 451 of 1994

**1. APPLICANT** (Please check if applicant is the landowner or designated agent\*)  
 Name  Landowner  Designated Agent\* (Provide written authorization or signature to secure permit for landowner)  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone# \_\_\_\_\_ Cell# \_\_\_\_\_

**2. LANDOWNER** (Address must be owner's permanent mailing address.)  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**3. CONTRACTOR or EXCAVATOR**  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

|                                    |               |                     |                      |                    |
|------------------------------------|---------------|---------------------|----------------------|--------------------|
| <b>4. LOCATION:</b> Township _____ | Section _____ | Town _____          | Range _____          | City/Village _____ |
| Subdivision _____                  | Lot No. _____ | Tax ID Number _____ | Street Address _____ |                    |

**5. MDEQ Permit No:** \_\_\_\_\_ (Attach or Provide Copy) or N/A \_\_\_\_\_

**6. PROPOSED EARTH CHANGE:** Project Type:  Residential  Commercial  Land Reshaping  
**DESCRIBE PROJECT:** \_\_\_\_\_  
 Is the earth change area flagged? **Y N** | **Size of Earth Change:** Acres - \_\_\_\_\_ or Square Feet - \_\_\_\_\_  
 Name of and Distance to nearest Lake, Stream, or Drain \_\_\_\_\_ | Date Project to Start \_\_\_\_\_ | Date Project to be Completed \_\_\_\_\_

|   |                |               |
|---|----------------|---------------|
| <b>7. Name of on-site responsible person:</b> _____ | Phone #: _____ | Cell #: _____ |
|---|----------------|---------------|

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 Resource and Environmental Protection Act, 1994 PA No. 451 as amended, applicable local ordinances, and the documents accompanying this application.

\_\_\_\_\_  
Landowner's Signature Print Name Date

\_\_\_\_\_  
Designated Agent's Signature Print Name Date

**Soil Erosion and Sedimentation Control Plan** (Refer to Rule 323.1703)

**The issuance of the Part 91 permit does not waive the necessity for obtaining other federal, state and local permits.**

**Note: Plans must be attached**

Plan Preparer's Name: \_\_\_\_\_

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

**Information Required:**

- |                                |   |
|--------------------------------|---|
| 1) scaled map                  | 7) soils information                      |
| 2) site location sketch        | 8) drainage facilities                    |
| 3) proximity to lake or stream | 9) timing and sequence                    |
| 4) limits of earth change      | 10) temporary SESC measures               |
| 5) predominant land features   | 11) permanent SESC measures               |
| 6) slope information           | 12) maintenance program for SESC measures |

**Legend**

Indicates direction of drainage

→ → → →

Indicates location of earth change

###

Indicates Silt Fence where required

x—x—x—x

**DIRECTIONS**

**Give clear and accurate directions to the site.**

**SITE PLAN** (Draw or attach copy)

Site plan must show limits of earth change.

Include placement of spoils and landscape restoration work.

Also show location and distance to water.