

**LEELANAU CONSERVATION DISTRICT**

8527 E. Government Center Dr., Suite 205

Suttons Bay, MI 49682

Phone: 231-256-9783 Fax: 231-256-7851

Date Received \_\_\_\_\_ Permit Number \_\_\_\_\_

Application Fee \_\_\_\_\_ Check No. \_\_\_\_\_  Visa  MC

**Payment is required for complete application  
Make check payable to Leelanau CD**

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

PART 91 of Act 451 of 1994

<b>1. APPLICANT</b> (Check appropriate box) Landowner <input type="checkbox"/> Designated Agent <input type="checkbox"/> *(Requires landowner authorization)				
Name _____				
Address _____				
City _____	State _____	Zip Code _____	Phone # _____	E-mail _____

<b>2. LANDOWNER</b> (Landowner's mailing address)				
Name _____				
Address _____				
City _____	State _____	Zip Code _____	Phone # _____	E-mail _____

<b>3. CONTRACTOR or EXCAVATOR</b>				
Name _____				
Address _____				
City _____	State _____	Zip Code _____	Phone # _____	E-mail _____

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

<b>5. EGLE Permit No:</b> _____ (Provide Copy / or Date applied for) _____ or N/A _____
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<b>6. PROPOSED EARTH CHANGE:</b> Project Type: Residential <input type="checkbox"/> Commercial <input type="checkbox"/>				
DESCRIBE EARTH CHANGE ACTIVITIES: _____ _____				
<b>Is earth change area flagged</b>	YES	NO	Size of Earth Change: Acres - _____ or Square Feet - _____	
Distance in feet to nearest Lake, Stream, or Wetland _____		Date Project to Start: _____		Date Project to be completed: _____

<b>7. NAME OF ON-SITE RESPONSIBLE PERSON:</b> _____	Phone # _____	E-mail _____
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I (we) affirm that the above information is accurate and the 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. **By signing this application you are authorizing the County Enforcing Agent to complete a site inspection of the property referenced in section 4 of this document.**

\_\_\_\_\_  
Landowner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Designated Agent's Signature \*(Requires Landowner Authorization)

\_\_\_\_\_  
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 #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**DIRECTIONS**

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

**LEGEND**

Indicates direction of drainage

→ → → → → → → →

Indicates limits of earth change activity

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Indicates placement of Silt Fence

x-x-x-x-x-x-x-x

**SITE PLAN**

**(Draw or attach copy – see example site plan!)**

**Site plan must show the following: limits of the earth change, location of all spoil piles, amount and location all fill material, all landscape restoration work to be completed, and proximity to water or wetland.**