

IONIA COUNTY
SOIL EROSION AND SEDIMENTATION
CONTROL APPLICATION

1. APPLICANT

OWNER		OWNERS AGENT	
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

Type of Earth Change	Size of Earth Change (Acres)
Distance to Lake, Stream or Drain	Date Project to Start
	Date Project to be Completed

4. SOIL EROSION AND SEDIMENTATION CONTROL PLAN (NOTE: Two (2) Sets of complete Plans Must be Attached)

Plan Preparer's Name and Company Name

5. Parties Responsible for Earth Change

Name of Property Owner of Record (if other than 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 Code/Telephone

6. Performance Deposit

Amount Required \$	Cash <input type="checkbox"/>	Certified Check <input type="checkbox"/>	Irrevocable Letter of Credit <input type="checkbox"/>	
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 Part 91 of P.A. 451 of 1994 its corresponding rules, applicable local ordinances and the agreements accompanying this application.

Owner's Signature (Mandatory) *	Date
Owner's Agent's Signature	Date

* Owner's Signature is mandatory unless owner's agent provides written authorization by the owner to sign the application.