

**SOIL EROSION AND SEDIMENTATION  
POLLUTION CONTROL APPLICATION**  
PRESQUE ISLE COUNTY BUILDING DEPT  
P.O. BOX 110 ROGERS CITY, MI 49779

APPLICANT:            Owner \_\_\_ Developer \_\_\_ Other \_\_\_

NAME		PHONE#
ADDRESS		
CITY	STATE	ZIP

**LOCATION**

TOWNSHIP	SECTION	TOWN	RANGE
SUBDIVISION		LOT	
STREET ADDRESS			

**PROPOSED EARTH CHANGE**

TYPE OF CHANGE	SIZE OF EARTH CHANGE
DISTANCE TO NEAREST LAKE STREAM OR DRAIN	
DATE PROJECT TO START	DATE PROJECT TO BE COMPLETED

**SOIL EROSION AND SEDIMENT POLLUTION CONTROL PLAN**

NOTE: Complete plans must be attached

PLAN PREPARER'S NAME	PREPARER'S COMPANY NAME
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**PARTIES RESPONSIBLE FOR EARTH CHANGE**

NAME OF PROPERTY OWNER OF RECORD		ADDRESS	
CITY	STATE	ZIP	PHONE#
NAME OF INDIVIDUAL *ON SITE* RESPONSIBLE FOR EARTH CHANGE			
COMPANY NAME			
ADDRESS			
CITY	STATE	ZIP	PHONE#

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, Act 451 of the Public Acts of 1994, its corresponding rules, applicable local ordinances and the agreements accompanying this application.

OWNER'S SIGNATURE	PRINT NAME	DATE
APPLICANT'S SIGNATURE	PRINT NAME	DATE

NOTE: Owner's signature is **REQUIRED** on this form