

# Soil Erosion Program

Marquette County Conservation District  
780 Commerce Drive, Suite B, Marquette, MI 49855  
Phone: (906) 362-2259 or 226-2461 Fax: (906) 228-4484  
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Office Use Only

Paid:

Permit #:

## APPLICATION FOR EROSION CONTROL PERMIT

Under Part 91, Soil Erosion & Sedimentation Control, PA 451 of 1994, as amended.

In accordance with Part 91- Act 451, 1994, the undersigned makes an application for a permit:

1. Description of all earth changes and construction: \_\_\_\_\_  
\_\_\_\_\_

2. Size of total earth change [square feet or acreage] \_\_\_\_\_

3. Project address \_\_\_\_\_ T \_\_\_\_\_ R \_\_\_\_\_ Section \_\_\_\_\_

(Please provide map or detailed directions to project site)

County \_\_\_\_\_ Township \_\_\_\_\_ OR City \_\_\_\_\_

Fire Number \_\_\_\_\_ Lot # (if applicable) \_\_\_\_\_

Identify closest lake/stream \_\_\_\_\_

Distance from edge of disturbance area to the lake or stream \_\_\_\_\_

4. Landowner's\* [or recorded easement holder] Printed Name \_\_\_\_\_

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

Address (seasonal+year round) \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home and Work Phone numbers \_\_\_\_\_

Fax number: \_\_\_\_\_ Cell or Mobile Phone # \_\_\_\_\_

*\*If working only in a public ROW, then contractor can be applicant*

5. Contractor's Name/Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Fax/Cell Numbers: \_\_\_\_\_

6. Return completed application, fee, map, and pages to:

MCCD  
780 Commerce Drive, Suite B  
Marquette, MI 49855

# THIS PAGE MUST BE FILLED OUT AND RETURNED