

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
e-mail= hampton.waring@macd.org

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