

# Soil Erosion Program

Marquette County Conservation District  
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## LETTER OF AUTHORIZATION

Name of Project \_\_\_\_\_

Project Address \_\_\_\_\_

### CONTRACTOR:

\_\_\_\_\_  
Company and Individual Name (Please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Address

\_\_\_\_\_  
Home and Work Phone Numbers

\_\_\_\_\_  
Fax and/or Cell Phone, etc. numbers

As landowner or recorded easement holder of the project/property described above, I authorize the person indicated above to act on my behalf for the purposes of this application for a Soil Erosion and Sediment Control Permit pursuant to Part 91, Soil Erosion and Sedimentation Control, of the Natural Resources and Environmental Protection Act, Act No. 451 of the Public Acts of 1994, as amended. I understand that I am responsible for all earth changes related to this project and understand that Part 91, Act 451, as amended may be enforced against me in the event of any violation of that Act.

### LANDOWNER or RECORDED EASEMENT HOLDER:

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Signature

Date \_\_\_\_\_