



Livingston County Drain Commissioner
Commercial Soil Erosion and Sediment Control Permit Application

2300 E. Grand River Avenue, Suite 105, Howell, MI 48843-7581
Phone: 517-546-0040 Facsimile: 517-545-9658
Website: www.co.livingston.mi.us/Drain

Soil Erosion, Sedimentation Control and Drainage Division
Under the Provisions of Part 91 of Act 451, as Amended

Acknowledgment of Responsibilities of Soil Erosion and Sedimentation
Control Permit Holders under Part 91 of Act 451, as Amended

“Soil Erosion and its resulting sedimentation to water systems are identified as the #1 threat to the surface waters of the State of Michigan. Millions of tons of soil are lost across the country each year and millions of dollars are spent in correcting the problems brought on by this form of environmental degradation.”

1. The applicant or legal representative of the applicant on an approved permit is responsible for installation and maintenance of soil erosion and sedimentation control measures and the ultimate stabilization of the site. If the property is sold and legal transfer of the permit has not transpired, i.e., new owners signature on the existing original permit, the original Permittee is held responsible for all control of stabilization measures and permit fees necessary for compliance with Part 91.
2. If the County Enforcing Agent for Part 91, the Livingston County Drain Commissioners’ Office, finds it necessary to issue a Violation to a permit holder. Violations shall be addressed immediately. A person shall not maintain or undertake a land use or earth change governed by this act or the rules or governed by an applicable local ordinance, except in accordance with this act and the rules or with the applicable local ordinance and pursuant to the plan and permit approved by the appropriate county or local enforcing agency. A person who violates this is guilty of a misdemeanor.
3. The permit holder is responsible for the attainment of site stabilization. A site that is defined as being stabilized is one that has achieved its prescribed final grading and vegetative establishment or other covering resistant to erosion as per the approved site plan. (i.e. A good stand of grass is present as defined by the inspector.)
4. The permit holder is also responsible for maintaining the validity of the permit Bond throughout the duration of construction and ultimate stabilization of a site. If the Bond expires and the site lacks proper stabilization, the permit holder will be notified by certified mail. If thirty days passes, the permit will expire. At that time, the permit holder shall be required to submit to the Livingston County Drain Commissioners Office for a new permit and all fees.
5. Inspector may require additional control measures if a site inspection indicates that original measures are not sufficient to prevent erosion.

I hereby acknowledge that I have read the above statement of responsibility under Part 91 and understand my responsibilities for the following:

PROJECT NAME: _____ in _____ Township

Signature : _____ **Date:** _____, 20__

In accordance with Part 91 of Act 451, as amended, and its corresponding General Rules, the undersigned herewith makes application for a grading permit for the following required fields:

Please fill out all sections that apply. Permit application must be typed or fill in with pen. Thank you.

PROJECT INFORMATION (Please type or Print clearly.)

Development Name: _____ Lot # _____
Township: _____, Section (s): _____, T ___ N-R ___ E,
Parcel Tax Identification Number (s): 47 _____ - _____ - _____ - _____
Street Address (if applicable) _____
Nearest Major Crossroads: _____

RESPONSIBLE PERSON /APPLICANT INFORMATION

Responsible Person Name: _____
Firm Name: _____
Address: _____ City: _____ State: _____
Zip: _____ Fax: _____ E-Mail: _____
Daytime Phone: _____ Pager/Cell: _____

LANDOWNER / EASEMENT OWNER INFORMATION

Land Owner Name: _____
Firm Name: _____
Address: _____ City: _____ State: _____
Zip: _____ Fax: _____ E-Mail: _____
Daytime Phone: _____ Pager/Cell: _____

CONSTRUCTION COMPANY INFORMATION (SOIL EROSION)

Firm Name: _____
Contact Person's Name: _____
Address: _____ City: _____ State: _____
Zip: _____ Fax: _____ E-Mail: _____
Daytime Phone: _____ Pager/Cell: _____

SOIL EROSION CONTROL PLAN BY:

Contact Individual's Name : _____

Firm Name: _____

Address: _____ City: _____ State: _____

Zip: _____ Fax: _____ E-Mail: _____

Daytime Phone: _____ Pager/Cell: _____

PROJECT INFORMATION

Type of Earth Change : _____

Total of Area of Parcel (s): _____ Acres **Total of Proposed Earth Change :** _____ Acres

Anticipated Earthwork Starting Date: _____ , 20 __

Anticipated Final Inspection Date: _____ , 20 __

Soil Types: _____

HYDROLOGIC CHARACTERISTICS OF THE SITE

Type of "Ultimate" drainage outlet(s) Check all that apply and complete the information on right:

Existing Proposed: _____ Distance to : _____

County Drain Name of the County Drain: _____

Lake / Pond Name of Lake / Pond: _____

River/Stream Name of River/Stream: _____

Enclosed Drain Name of Enclosed Drain: _____

Detention Basin with Outlet

Retention Basin (no Outlet)

Wetland

Open Ditch

Overland Flow

Private Storm System

Will the project include any work or disruption within a 100-year flood plain? YES NO

Does the project include any work within the cross-section of a lake/stream? YES NO

Is a MDEQ permit required? YES - MDEQ Permit # _____ NO

