

APPLICANT: CHECK ONE

PERMIT NUMBER

RESIDENTIAL

DATE ISSUED

NON-RESIDENTIAL

SOIL AND SEDEMENTATION CONTROL PROGRAM
IRON COUNTY CONSERVATION DISTRICT

2 South 6th Street. #15
Crystal Falls, Michigan, 49920
(906) 875 - 3765 telephone
(906) 875 - 6775 fax

APPLICATION FOR SOIL EROSION CONTROL PERMIT

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

In accordance with part 91 Act 451 of 1994 and its corresponding General Rules, the undersigned makes an application for a permit to:

(Indicate size (Sq. Ft. or acreage) and purpose of earth changed proposed). **Size is the total area of all excavations, stockpiling, and/or filling areas.**

1. Project address _____ Section T R

Township _____ Lot # _____ Closest body of water: _____

_____ Distance from edge of disturbance to water/wetland: _____

2. Landowner's Printed Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Daytime Phone Number: _____

Fax/Cell Phone Number: _____

3. Contractor: _____

Mailing Address: _____

City, State, Zip Code: _____

Daytime Phone Number: _____

Fax/Cell Phone Number: _____

Return completed application, fee, map and any inserts to:

Iron County Conservation District
2 S. 6th Street, Suite 15
Crystal Falls, MI 49902