



VAN BUREN COUNTY DRAIN COMMISSIONER

JOE PARMAN, Drain Commissioner GEORGIA MASSURA, Deputy Drain Commissioner PETER VANDOP, P.E., Engineer ANDY ABBOTT, SESC & Drain Maint. Supervisor

SOIL EROSION AND SEDIMENTATION CONTROL PERMIT APPLICATION

A land owner or developer who contracts for, allows or engages in an earth change in this County shall obtain a permit from the Soil Erosion Control Agent **prior to commencement of an earth change** which disturbs one or more acres of land or if the earth change is within **500 feet** of a lake, river, stream, wetland or waters of the County or State.

*** Please allow 15 working days for review, inspection and issuance of permit.**

1. Application Date: _____
 - a. B. Proposed Start Date: _____
 - b. C. Proposed Completion Date: _____
 - c. Total Disturbed Acre(s) _____

<u>Office Use Only</u>	
Amount Rec'd:	_____
Check #:	_____
Permit No:	_____
Date Issued:	_____
Date Expires:	_____
Receipt #:	_____
Cash:	Yes _____

2. Location/ Address where work will take place:
 - a. _____
 - b. _____
 - c. _____

3. Property Owner's Name & Mailing Address: _____ Applicant's Name & Mailing Address: _____

 Phone: _____ Phone: _____

4. Please provide exact directions to the site from Paw Paw

 Section _____ Township/Village/City _____
 Name of Plat _____ Lot _____ Parcel _____

5. Specify how you have marked your site to indicate where proposed earth change will be:

6. Identify on-site responsible person: _____
Phone #: _____

7. Please describe the proposed project/ earth change: _____
a. _____
b. Distance of and name to nearest watercourse or water body if within 500 ft.: _____
c. DEQ Permit # or N.P.D.E.S (if required): _____

EROSION CONTROL PLAN: As part of our erosion control plan, I (we) will be installing the following practices to contain any soil and sediment from leaving my (our) property and/or entering any watercourse or drainage basin.

Commercial/industrial projects required to submit formal Erosion and Sedimentation Control Plan with keyed chart.

_____ Seeding	_____ Rock, or Like Materials Rip-Rap
_____ Mulching	_____ Minimum one row of straw bales trenched 4-6" deep, staked and maintained near water's edge
_____ Erosion Control Blanket	_____ Minimum 25 ft. buffer strip of undisturbed natural vegetation
_____ Terraces	_____ Removal of excavated material
_____ Silt Fence - trenched 4-6" deep	
_____ Other (Explain) _____	

**Attach/Include a sketch of proposed project on 8½ x 11 sheet of paper which includes:
(WILL NOT PROCESS PERMIT W/O SKETCH AND/OR MISSING ITEMS)**

- a. Topography or vegetation, which would significantly prohibit erosion.
- b. Location of existing or proposed water bodies or drainage basins within 500 ft. of project.
- c. Predominant land features.
- d. Slopes and direction of drainage (flow).
- e. Location of erosion control measures.

1. Attach legal description of property (**including property tax number**).
2. Please describe soil type. Perform "Ribbon Test" or include N.R.C.S. soil survey by visiting <http://websoilsurvey.nrcs.usda.gov/app/HomePage.htm>
3. Return this application with required fee to Soil Erosion and Sedimentation Control, Van Buren County, 219 E. Paw Paw St., Suite-301, Paw Paw MI 49079. Make checks payable to **VAN BUREN COUNTY**.
4. **If construction or earth change is started without a permit or continues without a permit extension, the total fee will be doubled. If a permit is submitted within four days of start date, the 4-Working Days Service Option will be automatically applied or the permit will not be granted until inspection is done.**

- 5. **IF THE APPLICATION FORM IS NOT COMPLETE, THE APPLICATION WILL BE RETURNED TO APPLICANT FOR COMPLETION. A PERMIT CANNOT BE ISSUED UNLESS THE REQUIRED INFORMATION IS PROVIDED AND PERMIT FEE IS PAID.**
- 6. Designated Agent requires document from owner stating agent acting on owner's behalf.
- 7. **This application gives the Soil Erosion and Control Agent the right to access the property for inspections of the above mentioned site.**

Signature of Property Owner

AND

Signature of Applicant/Designated Agent (approved)

Print Name

Print Name

Return Permit Request:

Mailed Faxed _____ Emailed _____ Pick-up

PROJECT SITE LOCATION

Please submit this information page along with your application to assist staff in locating your project site, thereby avoiding delays in processing your permit because staff cannot locate your project site.

Directions

Is there access (road/driveway) to project site? ____ Yes, ____ no

Class of road fronting project ____ Private ____ Public

Type of road surface ____ Gravel ____ Paved

Name of roads at closest intersection: _____ & _____.

Is there a house or other building visible on-site from the road? ____ Yes ____ No.

Type/style of house or other building/structure on site: ____ Ranch ____ 2-Story ____ Cape Cod ____ Bi-Level ____ Pole Barn

____ Cottage/Cabin ____ Pole ____ Other (describe) _____

Color of house or other visible building on site: _____.

Is address visible? ____ Yes ____ No.

Where is address visible? ____ House ____ Garage ____ Mailbox ____ Sign.

House number (if any): _____. Fire Lane/Drive number (if any): _____.

Street/road name: _____.

Color of adjacent property, house and/or buildings: _____.

Describe the best and nearest visible landmark to the project site: _____

Name and phone number for contact during the day:

Home: _____.

Business: _____.

Additional Comments: