

**PART 91 – SESSC PERMIT APPLICATION
SOIL EROSION, SEDIMENTATION AND STORMWATER CONTROL**

OFFICE USE ONLY	
Permit Number	_____
Date Issued	_____
Expiration Date	_____

ENFORCING AGENCY:
 Benzie County Planning Commission
 Benzie County Government Center
 448 Court Place, P.O. Box 377
 Beulah, MI 49617
 (231) 882-9674

INSPECTOR: _____
DATE INSPECTED: _____
SITE PLAN REVIEW: _____
PERMIT FEE: _____
TOTAL FEE: _____
PAID: _____

Date Received: _____

PLEASE NOTE:

**THIS IS A THREE PAGE FORM AND EACH PAGE MUST BE COMPLETE.
 OWNER AND RESPONSIBLE PARTY ORIGINAL SIGNATURES ARE REQUIRED.
 INCOMPLETE OR UNSIGNED APPLICATIONS WILL BE RETURNED TO THE APPLICANT.**

THE SITE PLAN REVIEW FEE IS AN AUTOMATIC NON-REFUNDABLE FEE.
 THE PERMIT FEE WILL BE CALCULATED WHEN THE APPLICATION IS SUBMITTED FOR APPROVAL.

SPECIAL CONDITIONS (OFFICE USE ONLY):

LOCATION OF PROPOSED EARTH CHANGE ACTIVITY:

Parcel (Tax ID) Number: _____ Subdivision: _____ Lots: _____
 Street Address or Location: _____
 Township / Village / City (*circle one*) of: _____ Section _____ T _____ N R _____ W

DESCRIPTION AND DATES OF EARTH CHANGE ACTIVITY:

Describe Earth Changes

_____ To Construct _____ Size of Change (square feet or acres): _____
 Nearest Waterbody: _____ Distance to Waterbody (feet): _____
 Date Project to Start: _____ Date Project to be Completed: _____

LANDOWNER

Name: _____ Phone: _____ Cell: _____
 Address: _____ Fax: _____ Email: _____
 City, State, Zip: _____

APPLICANT (if different than Landowner)*

Name: _____ Phone: _____ Cell: _____
 Address: _____ Fax: _____ Email: _____
 City, State, Zip: _____

** Applicant must have a written statement from Landowner naming Applicant as Designated Agent and authorizing him/her to secure a permit in the landowner's name.*

CONTRACTOR

Name: _____ Phone: _____ Cell: _____
 Address: _____ Fax: _____ Email: _____
 City, State, Zip: _____
 Contractor's License Number (if applicable): _____

I (we) affirm that the information is accurate and that I (we) will conduct the described earth change in accordance with Part 91 of P.A. 451, 1994, as amended, its corresponding rules, applicable local ordinances, and any agreements accompanying this application.

I (we) further affirm that the attached Site Plan, Soil Erosion Control Plan and Checklist have been completed and I (we) understand the Special Conditions stated on the permit and will implement said Special Conditions as well as the Earth Change Requirements listed here.

EARTH CHANGE REQUIREMENTS:

- 1) Design, construct and complete the earth change in a manner that limits the exposed area of disturbed land for the shortest period of time.
- 2) Remove sediment caused by accelerated soil erosion from runoff water before it leaves the site of the earth change.
- 3) Temporary or permanent control measures shall be designed and installed to convey water around, through, or from the earth change at a non-erosive velocity.
- 4) Install temporary soil erosion and sedimentation control measures before or upon commencement of the earth change activity and maintain the measures on a daily basis. Remove temporary soil erosion and sedimentation control measures after permanent soil erosion measures are in place and the area is stabilized. ("Stabilized" means the establishment of vegetation or the proper placement, grading, or covering of soil to ensure its resistance to soil erosion, sliding or other earth movement.)
- 5) Complete permanent soil erosion control measures for the earth change within five calendar days after final grading or upon completion of the final earth change. If it is not possible to permanently stabilize the earth change, then maintain temporary soil erosion and sedimentation control measures until permanent soil erosion control measures are in place and the area is stabilized.

LANDOWNER'S SIGNATURE

REQUIRED

X _____ Date: _____

(Print Name Here)

NOTE: IF LANDOWNER IS ALSO THE ON-SITE RESPONSIBLE PARTY, LANDOWNER MUST SIGN TWICE.

ON-SITE RESPONSIBLE PARTY'S SIGNATURE

REQUIRED

X _____ Date: _____

(Print Name and Title Here)

(Company)

(Address)

(City, State, Zip)

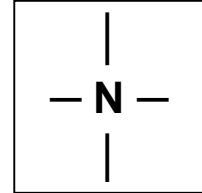
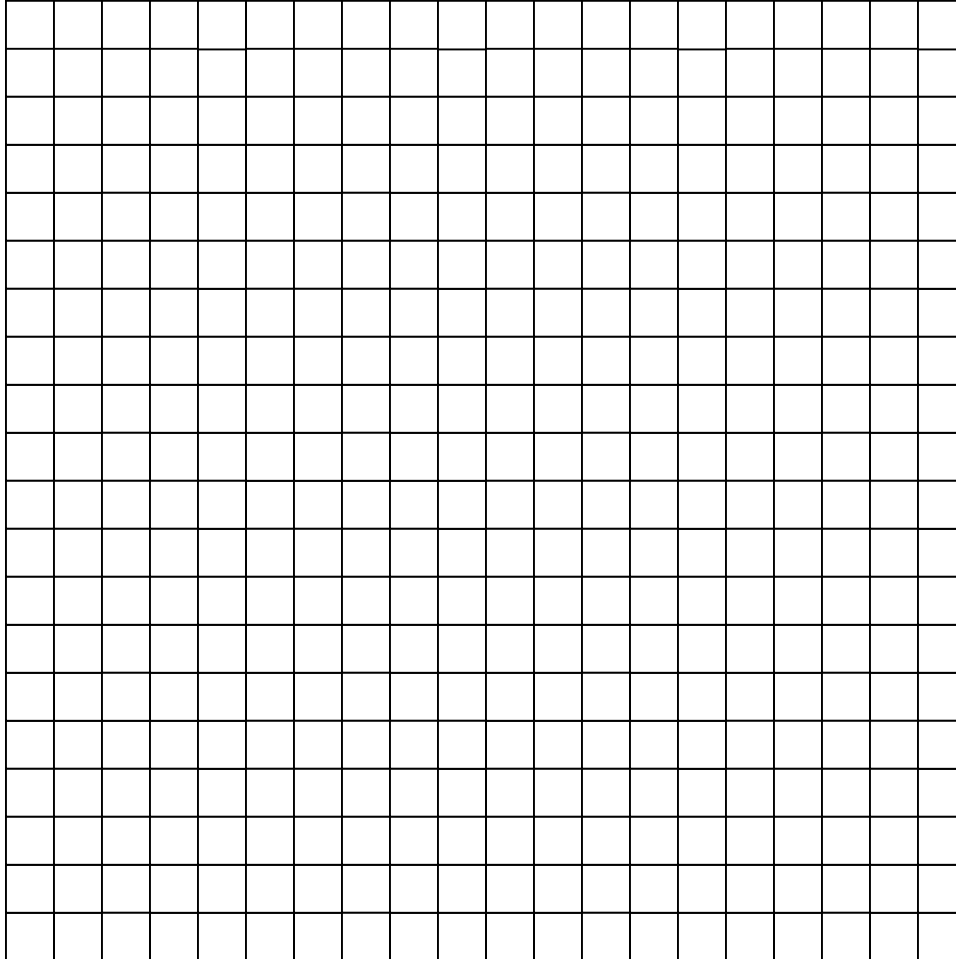
(Phone)

(Email)

SOIL EROSION, SEDIMENTATION AND STORMWATER CONTROL PLAN

REQUIRED INFORMATION (check boxes as completed)

- | | |
|---|--|
| <input type="checkbox"/> 1) North arrow & map scale | <input type="checkbox"/> 7) Contour lines or general slope information |
| <input type="checkbox"/> 2) Location of property boundaries, streets, etc. | <input type="checkbox"/> 8) Location of stockpiled soils |
| <input type="checkbox"/> 3) Location and proximity to nearby lakes, streams, wetlands, wells and stormwater drainage facilities | <input type="checkbox"/> 9) Location of temporary SESSC measures (vegetated buffers, silt fencing, diversions, etc.) |
| <input type="checkbox"/> 4) Soil type (circle one): SAND CLAY LOAM SILT | <input type="checkbox"/> 10) Location of permanent SESSC measures (vegetation, check dams, basins, etc.) |
| <input type="checkbox"/> 5) Boundaries of the earth change | <input type="checkbox"/> 11) Project schedule and maintenance plan |
| <input type="checkbox"/> 6) Predominant land features, structures, etc. | |



ONE INCH = _____ FEET

LEGEND	
Property Boundary	-----
Limits of Earth Change	
Slope Direction	
High Point	H.P. ⊕
Silt Fence	●●●●●●●●
Stockpiled Soils	⊙ SS ⊙
Undisturbed Vegetation	
Tree Preservation	

PROJECT LOCATION _____

DATE _____

OWNER _____

RESPONSIBLE PARTY _____

SESSC MANAGEMENT STRATEGIES (check and complete all that apply)

- Temporary stabilization of disturbed areas
- Permanent stabilization of disturbed areas within **five** days of final grade
 Revegetation method (circle one): **SEED SOD OTHER** _____
 Expected date of permanent revegetation _____
 Revegetation is the responsibility of (circle one): **OWNER BUILDER**
- SESSC Maintenance is the responsibility of (circle one): **OWNER BUILDER**
 Silt fence will be trenched in a minimum of six inches and repaired if broken
 All sediment moving off-site due to the project will be cleaned up immediately
 All SESSC measures will be maintained until permanent stabilization

PROJECT SCHEDULE

Date	Activity
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ATTACH ADDITIONAL SHEETS IF NECESSARY