



201 N. Shiawassee St., 3rd Floor, Corunna, MI 48817
Phone: 989-743-2490 / Fax: 989-743-2413
<http://health.shiawassee.net>

REQUEST FOR SOIL EROSION SEDIMENTATION CONTROL PERMIT WAIVER

Pursuant to Part 91, Soil Erosion Sedimentation and Control, of Act 451 of the Public Acts of 1994, as amended.

Owner's name: _____

Mailing address (City, State, Zip): _____

Property address (City, State, Zip): _____

Phone number: _____

Legal Description: Section _____ T. _____ N. R. _____ E., _____ Township

Tax I.D./Parcel I.D. # _____

Description of Earth Change Project: _____

I, _____ as the property owner, do hereby certify that the earth change at the above referenced property will disturb less than 225 square feet and the earth change will not contribute sediment to lakes or streams.

Signature: _____ Date: _____

-----AGENCY USE ONLY-----

This request for a SESC permit waiver has been reviewed by SCHD and is hereby issued in accordance with Rule 1705 (2) of Part 91.

Reviewed by: _____ Date: _____