

<b>APPLICATION FEE: \$ 300 PER LOCATION</b> <b>DEPOSIT: Determined by Drain Commissioner</b> <i>Additional costs for administrative, engineering, inspection, and legal expenses may be required.</i>	Shiawassee County Drain Commissioner 1024 N. Shiawassee St Corunna, MI 48817 (989) 743-2398
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**APPLICATION FOR STORM WATER PERMIT**

**PROJECT INFORMATION**

PROJECT NAME: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_

MAJOR CROSSROADS: \_\_\_\_\_

TOWNSHIP/CITY/VILLAGE: \_\_\_\_\_ PARCEL ID#(s): \_\_\_\_\_

DRAIN NAME: \_\_\_\_\_

PROJECT DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_

*The application must be accompanied by a parcel legal description and a set of site plans showing the drain, the drain easement, and the proposed work. The plans shall include a detailed, scaled plan, profile, and sectional view of the drain where work is proposed and for the full width of the easement unless waived by the Drain Commissioner. Plans must be sealed by a professional engineer licensed in the State of Michigan unless waived by the Drain Commissioner.*

**APPLICANT INFORMATION**

CONTACT NAME: \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**ENGINEER INFORMATION**

ENGINEER NAME: \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**CONTRACTOR INFORMATION**

CONTACT NAME: \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

*I, the undersigned, in applying for a storm water permit, agree to abide by the terms and conditions outlined in the Permit, and certify that I have legal authority to perform Work in the proposed location for which the Permit will serve/or I am the Permittee's authorized agent.*

Applicant/Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_