

ISABELLA COUNTY
STORMWATER APPROVAL APPLICATION

Review Number
Approval Date
Disapproved []
Modification Requested [] Yes
Check [] No. Cash []

1. APPLICANT (Please check if applicant is the landowner or designated agent*)

Name [] Landowner [] Designated Agent
Address
City State Zip Code Area Code/Telephone Number

2. PROJECT LOCATION

Address City/Village Tax ID Number
Township Section Subdivision Lot No.

3. PROPOSED PROJECT

Project Type: [] Small Add/Garage [] Service Facilities [] Industrial [] Residential
Describe Project: [] Subdivision [] Commercial []
Size of Development:
Area: [] Acres [] Sq. Ft.
Length: [] Miles [] Feet

Name of and Distance (feet) to Drainage Outlet Date Project to Start Date Project Completed

4. STORMWATER CONTROL PLAN

Two complete sets of plans and calculations must be attached.

Plan Preparer's Name and Telephone Number ()

5. PARTIES RESPONSIBLE FOR PROJECT

(a.) Name of Landowner (if not provided in Box No. 1 above) Address Area Code/Telephone Number
City State Zip

(b.) Name of Individual "On Site" Responsible for Project & Company Name

Address City State Zip Area Code/Telephone Number

6. PERFORMANCE DEPOSIT (If required by the approval agency) OFFICE USE ONLY
Amount Required \$ [] [] Cash [] Certified Check [] Irrevocable letter of Credit [] Surety Bond

I (we) affirm that the above information is accurate and that I (we) will conduct the above project in accordance with the Natural Resource and Environmental Protection Act, 1994 PA 451, as amended, applicable state and local ordinances, and the documents accompanying this application. I hereby authorize the reviewing agency to inspect this project site for conformance. I understand that payment of the fee does not guarantee an approval will be issued.

Landowner's Signature Print Name Date
Designated Agent's Signature* Print Name Date

*Designated agent must have a written statement from landowner authorizing him/her to secure a stormwater plan approval in the landowner's name. No work can be done until approval is received. Return completed application and plans to: Office of the Drain Commissioner