

LETTER OF AUTHORIZATION

Property Owner _____

Mailing Address _____

Location address of project _____

Parcel Number _____ - _____ - _____ - _____

Description of project _____

As owner of the property described above, I authorize the person indicated below to act on my behalf for the purpose of obtaining a Soil Erosion and Sedimentation Control Permit pursuant to Part 91 of 1994 PA 451, as amended and the Oceana County Subdivision Drainage Rules and Storm Water Design Criteria. I grant the Oceana County Drain Commissioner's personnel permission to enter on my property for the purpose of performing inspections. I assume final responsibility for all earth change work and understand that liability arising from any unlawful earth change will be assessed against me.

Owner signature

Date

Owner Name (print or type)

Authorized agent (print)

Agent phone number

Agent address

Return to:

Oceana County Drain Commissioner

Address:

100 State Street

Hart, MI 49420

Fax: (231) 873-9218

e-mail:

mmartin@oceana.mi.us

Fax:

(231) 873-9218