



GRAND TRAVERSE COUNTY ENVIRONMENTAL HEALTH SOIL EROSION & SEDIMENTATION CONTROL PERMIT TRANSFER FORM

COPY OF RECORDED DEED REQUIRED

DATE: _____ **SOIL EROSION PERMIT #:** _____

SITE ADDRESS: _____

PROPERTY TAX #: _____ **TOWNSHIP:** _____

NEW LANDOWNER NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ **EMAIL:** _____

ORIGINAL LANDOWNER NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ **EMAIL:** _____

We affirm that the above information is accurate and that the new owner of the property has been made aware of the conditions stated in the original Soil Erosion and Sedimentation Control Permit and the penalty for not adhering to the permit conditions and schedule. New landowner acknowledges responsibility for maintenance of soil erosion and sedimentation control measures and for the establishment of permanent stabilization.

NEW LANDOWNERS SIGNATURE: _____ **DATE:** _____

ORIGINAL LANDOWNERS SIGNATURE: _____ **DATE:** _____

Disclaimer: This document fulfills the notification requirement for transferring a SESC permit into a new owner's name pursuant to Section 9112 of Part 91 and the reauthorization, if appropriate, to discharge storm water from the site. It does not address the notification or permit requirements that may exist for any other federal, state, or local permits that may be associated with the property.