Village of Estral Beach

 $\label{thm:condition} \mbox{View ORDINANCE 1041A} \ @ \ \mbox{\bf www.EstralBeachVillage.org}$

7194 Lakeview Boulevard, Newport, MI 48166

ORDINANCE 1041A APPLICATION FOR GRADING PERMIT

SITE ADDRESS	CONTRACTOR						
CITY: Newport STATE: Michigan ZIP: 48166	4 W M Charles & March Control of the						
PARCEL NUMBER (from tax billing)	ADDRESSSTATEZIP						
LOT SIZEfeet xfeet							
OWNER'S NAME	CONTACT PERSON						
	EMAIL						
ADDRESS	PH#LICENSE#						
CITYSTATEZIP	***** PRIOR APPROVALS REQUIRED ***** (ATTACH COPIES OF ALL APPLICABLE APPROVALS)						
(Cell)(Email)	Monroe County Drain Commission Permit No.						
Existing Use	MDEQ Permit No.						
Proposed Use	US Army Corps of Engineers Permit No						
Proposed Work Description with site plan (next page), existing grade,	Total Area Disturbed (Sq Ft)						
proposed grade, and means to control runoff (temporary & permanent):	Depth of material (inches)						
	Amount of Material to be Deposited (Cu Yd)						
	Type of material to be deposited						
I CERTIFY THAT THIS APPLICATION IS CORRECT AND I HAVE THE AUTHORITY TO MAKE SUCH APPLICATION; AND I AGREE TO COMPLY WITH ALL REQUIREMENTS OF VILLAGE ORDINANCE 1041A, and APPLICABLE FEDERAL, STATE, and COUNTY PERMITS.							
	A, and APPLICABLE FEDERAL, STATE, and COUNTY PERMITS.						
	Date						
Signature = Owner/Authorized Agent:	Date						
	Date						
Signature = Owner/Authorized Agent:	Date						
Signature – Owner/Authorized Agent: Email Address Name (please print)	Date Preferred Phone						
Signature – Owner/Authorized Agent: Email Address Name (please print) Address City	Date						
Signature = Owner/Authorized Agent: Email Address Name (please print) Address City FOR OFFICE DEPT OF PLANNING & ZONING:	Date Preferred Phone State Zip						
Signature = Owner/Authorized Agent: Email Address Name (please print) Address City FOR OFFICE DEPT OF PLANNING & ZONING:	Preferred Phone State Zip CE USE ONLY TE MEASURES REMOVED OR MADE PERMANENT						
Signature – Owner/Authorized Agent: Email Address Name (please print) Address City FOR OFFICE TEMPORARY SOIL EROSION CONTROLS REQUIRED (Y/N) DA	Preferred Phone State Zip CE USE ONLY TE MEASURES REMOVED OR MADE PERMANENT						
Signature – Owner/Authorized Agent: Email Address Name (please print) Address City FOR OFFICE DEPT OF PLANNING & ZONING: TEMPORARY SOIL EROSION CONTROLS REQUIRED (Y/N) PROPERTY ID NO:	Preferred Phone State Zip CE USE ONLY TE MEASURES REMOVED OR MADE PERMANENT RECEIPT NO. #						
Signature = Owner/Authorized Agent: Email Address Name (please print) Address City FOR OFFICE DEPT OF PLANNING & ZONING: TEMPORARY SOIL EROSION CONTROLS REQUIRED (Y/N) PROPERTY ID NO: CASH FOR OFFICE DATE RECEIVED: GRADING PERMIT NO: APPROVED:	Preferred Phone State Zip CE USE ONLY TE MEASURES REMOVED OR MADE PERMANENT RECEIPT NO. #						
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PLAN VIEW OF PROJECT

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·	Carrier Management		······································		