



# County of Ottawa

*Soil Erosion & Sedimentation Control Agency*

414 Washington St Room 107 Grand Haven, MI 49417

Phone# (616) 846-8222

Fax# (616) 846-8221

## PERMIT TRANSFER REQUEST

PERMIT # \_\_\_\_\_

### 1. NEW OWNER

Name			
Address			
City	State	Zip	Telephone #

### 2. ORIGINAL OWNER

Name			
Address			
City	State	Zip	Telephone #

### 3. CONTRACTOR

Name			
Address			
City	State	Zip	Telephone #

### 4. ON-SITE RESPONSIBLE PERSON

<i>Name of Individual responsible for restoration of property</i>			
Address			
City	State	Zip	Telephone #

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's Signature	Print Name	Date
Original Landowner's Signature	Print Name	Date

**NOTE:** New Owner should review the permit and approved plan, located at the construction site and become familiar with the conditions of the permit.

**ADDITIONAL FEES AND SURETIES MAY APPLY.**

*When completed return to:*

Mike Munch, SESC Agent  
Drain Commissioner's Office  
414 Washington Street, Room 107  
Grand Haven, MI 49417