



Soil Erosion and Sedimentation Control Permit Extension Application

PROJECT NAME: _____ PERMIT #: _____

Expiration Date: _____ Proposed Completion Date: _____

OWNER/DESIGNATED AGENT: _____
(Include Address and Phone Number if different from original permit)

PLEASE PROVIDE UPDATED INFORMATION REGARDING CHANGES, IF ANY, SINCE ORIGINAL PERMIT APPLICATION
(ie; Ownership, Contractor, Designated agent, On-Site Representative, etc.)

CONSTRUCTION SCHEDULE. Fill in the chronological sequence and approximate date for the remaining work to be completed on this project. Include seeding, removal of silt fence, cleaning out of any storm systems, catch basins, etc.

Construction/SESC Measure Installation Sequence	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

PORTION OF PROJECT NOT COMPLETE/STABILIZED: _____ acres x \$25.00 per acre = \$ _____
(Acreage shall be rounded UP to the nearest whole acre) (Total Fee)

Signature _____ Print Name _____ Date _____

Please make check payable to: **OTTAWA COUNTY SESC** and mail or drop off to:

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

EXTENSION WILL NOT BE ISSUED UNTIL ALL REQUIRED INFORMATION AND FEES ARE RECEIVED BY THIS OFFICE.

If you have questions or need assistance in filling out the application, please call this office at (616) 846-8222