CITY OF CHEBOYGAN, MICHIGAN
STORMWATER FLOW CONTROL PERMIT APPLICATION

_____
(Property Owner's Name)

_____
(address)

_____
(city, state, zip code)

_____
home telephone business telephone

OFFICE USE ONLY:
Permit/Application No._____
Date Received:_____
Fee* Received: _____
(*fee - $225 – subject to change)

_____
(Developer's name)

_____
(address)

_____
(telephone) (fax)

_____
(Engineer/Consultant's name)

_____
(address)

_____
(telephone) (fax)

SITE ADDRESS: _____
PARCEL SIZE:_____ **ZONING DISTRICT OF PROPERTY**:_____
PROPERTY DESCRIPTION: _____
_____
PROPERTY TAX I.D. NUMBER: 16-_____-_____-_____-_____-_____
ESTIMATED CONSTRUCTION PERIOD: Begin:_____ End:_____

Yes	**No**	
____	____	Is one (1) copy of the proposed soil erosion sedimentation plan & permit per the Cheboygan County Ordinance attached?
____	____	Are three (3) signed copies of Stormwater Flow Control Plan attached?

Signature:_____
Date:_____

APPROVAL OF STORMWATER FLOW CONTROL PLAN:

_____ DATE:_____
Signature – City Engineer

The issuance of this Permit does not relieve the property owner of the need to obtain other permits or approvals as may be required from any federal, state, county or other local agency.

This Permit shall expire on _____ _____ Date:_____
Signature-City Manager

(Permit shall terminate automatically if activity has not commenced by the expiration date.)