

# LETTER OF AUTHORIZATION

Property Owner \_\_\_\_\_

Mailing Address \_\_\_\_\_

Location Address of Project \_\_\_\_\_

Parcel Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Description of Project \_\_\_\_\_

*As owner of the property described above, I authorize the person indicated below to act on my behalf for the purpose of obtaining a **Soil Erosion and Sedimentation Control Permit** pursuant to Part 91 of 1994 PA 451, as amended and the Oceana County Subdivision Drainage Rules and Stormwater Design Criteria. I grant the Oceana County Drain Commissioner's personnel permission to enter on my property for the purpose of performing inspections. I assume final responsibility for all earth change work and understand that liability arising from any unlawful earth change will be assessed against me.*

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Name (print or type)

\_\_\_\_\_  
Authorized agent (print)

\_\_\_\_\_  
Agent Phone Number

***Return To:***

Oceana County Drain Commissioner  
100 State Street  
Hart, MI 49420

E-Mail: [dc@oceana.mi.us](mailto:dc@oceana.mi.us)  
Fax: (231) 873-5914