

PERMIT NO. \_\_\_\_\_

**TRANSFER OF RESPONSIBILITY  
SOIL EROSION AND SEDIMENTATION CONTROL PERMIT  
PUBLIC ACT 451 OF 1994  
CITY OF FARMINGTON HILLS  
31555 ELEVEN MILE ROAD  
FARMINGTON HILLS, MI 48336  
(248) 871-2560  
FAX (248) 871-2561**

PERMIT NO.: \_\_\_\_\_

DATE OF ORIGINAL PERMIT: \_\_\_\_\_

**1. ORIGINAL PERMIT HOLDER INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No. \_\_\_\_\_

**2. NEW RESPONSIBLE PARTY INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No. \_\_\_\_\_

**3. GENERAL INFORMATION**

a. Legal Description: \_\_\_\_\_

b. Subdivision Name: \_\_\_\_\_ Lot No. \_\_\_\_\_

**4.** I/We affirm that the above information is accurate and that I/we will conduct the work described in Permit No. \_\_\_\_\_ in accordance with Part 91 Soil Erosion and Sedimentation Control, of the Natural Resource and Environmental Protection Act, Act 451 of the Public Acts of 1994 of the State of Michigan, its corresponding rules and applicable local ordinances.

I/We further acknowledge that I/we am/are the new and current owner(s) of record of the property identified in Permit No. \_\_\_\_\_ and will ensure that all requirements and conditions of the permit will be complied with. I/We understand that regular inspections of the site will be conducted by the City of Farmington Hills or its representatives and that should any soil erosion and sedimentation control measure fall into disrepair, be missing or require maintenance, the City shall have the right to enter upon said property, take appropriate corrective action and bill me for such or deduct the cost from any Security Bond.

I/We further agree to place into an inspection escrow with the City sufficient funds as are determined by the City to cover all inspection costs incurred by the City, and that the inspection escrow must remain until the final inspection has taken place and approval is granted.

Print Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_

Dated: \_\_\_\_\_

5. I/We acknowledge that Permit No. \_\_\_\_\_ is to be transferred out of my name and into the name of \_\_\_\_\_ and that the Security Bond and inspection escrow will be returned to me upon such transfer.

Print Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_

Dated: \_\_\_\_\_

**6. TRANSFER REVIEW STATUS**

- \_\_\_\_\_ Approved
- \_\_\_\_\_ Returned for Revisions
- \_\_\_\_\_ Denied

By: \_\_\_\_\_

Date of Transfer: \_\_\_\_\_