GRAND TRAVERSE COUNTY ENVIRONMENTAL HEALTH
PERMIT TRANSFER FORM
COPY OF RECORDED DEED REQUIRED

DATE: 

PERMIT #: 

SITE ADDRESS: 

PROPERTY TAX #: TOWNSHIP: 

NEW LANDOWNER NAME: 

MAILING ADDRESS: 

CITY, STATE, ZIP: 

PHONE: EMAIL: 

ORIGINAL LANDOWNER NAME: 

MAILING ADDRESS: 

CITY, STATE, ZIP: 

PHONE: EMAIL: 

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 acknowledges responsibility for maintenance of soil erosion and sedimentation control measures and for the establishment of permanent stabilization.

NEW LANDOWNERS SIGNATURE: DATE: 

ORIGINAL LANDOWNERS SIGNATURE: DATE: 

Disclaimer: This document fulfills the notification requirement for transferring a SESC permit into a new owner’s name pursuant to Section 9112 of Part 91 and the reauthorization, if appropriate, to discharge storm water from the site. It does not address the notification or permit requirements that may exist for any other federal, state, or local permits that may be associated with the property.