



Jackson County Health Department

Creating Healthy Communities

Environmental Health Division

1715 Lansing Ave • Room 001 • Jackson, MI 49202

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**Please complete this form to transfer responsible party for the
Soil Erosion and Sediment Control (SESC)**

Permit #: SE - ____ - ____ **Address:** _____

Parcel ID #: _____ **Township:** _____

Current Responsible Party

Name: _____ **Phone Number:** _____

Mailing Address: _____
Address City State Zip code

New Responsible Party:

Name: _____ **Phone Number:** _____

Mailing Address: _____
Address City State Zip code

By signing this form I (we) affirm that the above information is accurate and that I (we) will maintain and take over the responsibility of cash bond, inspection fees and described earth change in accordance with Part 91, Soil Erosion and Sedimentation Control, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended, applicable local ordinances, and the documents accompanying the permit referenced above.

Signature of New Responsible Party

Date

*** Please include any Cash Bond fees with this form.**

Once cash bond is received from the New Responsible Party, the Environmental Health Division will process the return of the cash bond to the Current Responsible Party.