



Applications shall include the following information:

- A completed application form.
- The required administrative fee and escrow amount, made out to Meridian Charter Township.
- Written permission from the property owner, if the property owner is not the applicant.
- For verifications only: written confirmation that the wetland flags are located on the site and remain observable.
- For verifications only: three (3) copies of an existing wetland delineation report and accompanying maps and materials prepared by a wetland or environmental consultant.
- Copies of any correspondence received from the Michigan Department of Environmental Quality (MDEQ).
- Copies of any permits issued by the Ingham County Drain Commissioner's office for the subject site.

# WETLAND ESCROW FORM

APPLICATION TYPE:  VERIFICATION  DELINEATION  WETLAND USE PERMIT

## I. ADDRESS AND DESCRIPTION OF SITE:

Address/Location: \_\_\_\_\_

Parcel ID Number: 33-02-02-\_\_\_\_\_

## II. PERSON / ORGANIZATION FROM WHOM THE DEPOSIT IS OBTAINED:

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Parcel size in acres: \_\_\_\_\_

Administrative fees are non-refundable.

Wetland Verification Escrow shall be refunded if there is a finding of no wetland.

The actual cost of the requested service may decrease or increase based on the Township Consultant's time spent on the wetland issues. Any money remaining in the escrow account shall be returned to the applicant upon final approval by the Township. The Township will invoice the applicant and **the applicant shall be responsible to pay any additional costs above the amount originally established for the escrow account.**

## IV. SIGNATURE OF PERSON PROVIDING DEPOSIT:

I have read and understand the above information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type/Print Name

ADMINISTRATIVE FEE: \$ \_\_\_\_\_ Acct # 101-000.000-616.000

CASH / CHECK (Check # \_\_\_\_\_)

ESCROW AMOUNT: \$ \_\_\_\_\_ Acct # 101-000.000-255.000

CASH / CHECK (Check # \_\_\_\_\_)

Letter of Credit: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

---

## V. RETURN OR BALANCE DUE:

Amount: \$ \_\_\_\_\_ General Fund Check #: \_\_\_\_\_ Date: \_\_\_\_\_