



# ST. JOSEPH COUNTY DRAIN COMMISSIONER

*Jeffery J. Wenzel Drain Commissioner, CEA*

*Traci Balyeat, Deputy Drain Commissioner*

## Designated Agent Form

I authorize \_\_\_\_\_ to act as my representative to apply for a soil erosion and sedimentation control permit and to implement any necessary soil erosion and sedimentation controls on my property located at

\_\_\_\_\_. I understand that the Office of the St. Joseph County Drain Commissioner will issue the permit in my name. I acknowledge, as owner of said property, that I am the responsible party for compliance with the terms of the permit.

\_\_\_\_\_  
Name of Designated Agent

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Name of Owner

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

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone