



Michigan Department of Environmental Quality
Water Resources Division
WETLAND IDENTIFICATION APPLICATION

Official Use Only

For Cashiers Use only

Authorized in accordance with Part 303, Wetlands Protection, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended (NREPA), and Rule 4, Wetland Identification and Assessment (R 281.924) of the Administrative Rules for Wetland Protection. Applications are accepted year around, but inspections will be conducted only when weather, staff, and site conditions allow for proper review.

Wetland identifications may not be accurately completed once winter weather conditions arrive. In cases where winter weather conditions prohibit a review of the site, the application will be held until such time that an accurate review can be conducted. If the "Area to be Reviewed" has been recently disturbed (including, but not limited to, mowing of vegetation, filling, excavation, drainage, any construction activities, etc.), thereby making it difficult to properly review the area during a routine site visit, the Department of Environmental Quality (DEQ) will not make a final determination and may request additional fees and technical information from the applicant. If additional site visits are required due to disturbance, incomplete flagging and/or labeling, disagreement with flagging, etc., a fee of one-half of the original fee will be required.

REVIEW REQUESTED:

- Level 2 \$500 for 1 acre or fraction thereof, \$250 for each additional acre or fraction thereof.
- Level 3 \$500 for 1 acre or fraction thereof, \$50 for each additional acre of wetland or fraction thereof, \$20 for each additional acre or fraction thereof for non-wetland or upland.
- Level 2 Express \$1,500 for 1 acre or fraction thereof, \$750 for each additional acre or fraction thereof.
- Level 3 Express \$1,500 for 1 acre or fraction thereof, \$150 for each additional acre of wetland or fraction thereof, \$60 for each additional acre or fraction thereof for non-wetland or upland.

Electronic fee calculator located at www.michigan.gov/wetlands. It is recommended that you complete, print, and attach the electronic calculator to this application.

APPLICANT		
Applicant Name	E-mail Address	
Contact Name (if different than above)		
Applicant Address		
City	State	ZIP
Phone	Cell Phone	
PROPERTY OWNER <small>(if different than applicant)</small>		
Property Owner Name	E-mail Address	
Contact Name (if different than above)		
Property Owner Address		
City	State	ZIP
Phone	Cell Phone	

AGENT/CONTACT

Agent Company Name		E-mail Address	
Agent/Contact Name			
Agent/Contact Address			
City	State	ZIP	
Phone	Cell Phone		

SITE LOCATION (Refer to your property's legal description for the Town, Range, and Section information, and the property tax bill for your Property Tax Identification Number(s).

Property Tax Identification Number(s)			
County		<input type="checkbox"/> Township <input type="checkbox"/> City <input type="checkbox"/> Village	
Town	Range	Section	Quarter Section
Subdivision		Lot Number(s)	
Property Address		<input type="checkbox"/> Township <input type="checkbox"/> City <input type="checkbox"/> Village	Zip
Directions to Property (include map)			

AREA TO BE REVIEWED

The property boundaries and "Area to be Reviewed" must be flagged for all Level 2 and Level 3 requests PRIOR to the DEQ's site inspection. It is expected that Level 3 requests will cover the entire property or the entire potential project area (i.e., upland and wetland). For Level 3 requests where the "Area to be Reviewed" is less than the property acreage, we will require a minimum of a 25-foot "buffer" around the wetland area (or to the property line, whichever is less) to be included in the "Area to be Reviewed" acreage. This will allow for proper verification of the wetland boundaries by the DEQ. Please note that any areas not included in the "Area to be Reviewed" will not be reviewed by the DEQ and will NOT be verified to be wetland or upland (non-wetland) in the final report.

Property Acres	Area to be Reviewed (acres)	Level 3 Wetland Acres	Level 3 Non-Wetland/Upland Acres
Date Property Boundaries and "Area to be Reviewed" was flagged			

AUTHORIZATION: IF THE APPLICANT IS NOT THE PROPERTY OWNER, A SIGNED STATEMENT FROM THE PROPERTY OWNER AUTHORIZING THE APPLICANT TO REPRESENT HIM/HER MUST ACCOMPANY THIS APPLICATION.

I hereby authorize DEQ staff to enter the property described above for purposes of conducting the requested wetland review. I certify that the information provided in this application is true and accurate.

Applicant's Signature

Date

Print Name

Fee Enclosed

Title

- Payment Options:
 Check, Payable to the State of Michigan
 Credit Card (see attached)
 Electronic Fund Transfer (see attached)

Is the Applicant the property owner? Yes No

If "no" please enclose a written statement from the property owner authorizing DEQ staff to enter the property.

Level 1

The DEQ wetland inventory maps are now available and will be provided in place of the previous Level 1 service. The DEQ wetland inventory maps for each county are available on the DEQ Web site under Wetland Inventory Maps at www.michigan.gov/wetlands. Since these maps are not based upon an on-site review, the DEQ does not provide a jurisdictional guarantee or a map specific to the parcel.

Level 2 and Level 3 Applications MUST Include:

- A location map that identifies the property location in relation to major streets and highways.
- A site map indicating both the property boundaries and the boundaries of the area to be reviewed. (See examples in Appendix.)
- Flags must be present on the property to indicate both the property boundaries and boundaries of the area to be reviewed. Please use different color flagging to indicate property boundary and boundary of the area to be reviewed, if they are different. Flagging should be placed a maximum of 75 feet apart along each boundary, and each flag should be visible from the previous and the next flag.
- All maps should: (See example in Appendix.)
 - Be legible, clearly labeled, and drawn to scale.
 - Indicate all areas to be reviewed.
 - Include any landmarks, water bodies, drains, ditches, buildings, etc.
 - Include a north arrow, dimensions of property, and area to be reviewed.

Level 3 (Additional Information Required):

- Two site maps clearly indicating both the flagged property boundary and the flagged wetland boundary. (See examples in Appendix A.)
- Wetland boundaries must be flagged and a professional wetland delineation report, including datasheets outlining the wetland professional's findings must be provided.
- Flags for each wetland unit must be identified by alphanumeric code for each wetland flagged (A1, A2, A3..., B1, B2, B3...). If flags are not labeled, the review will not be finalized and additional fees may be required in order to complete the review.
- The area to be reviewed should typically include the entire property or project area. In cases where the area to be reviewed is less than the property acreage, a minimum of 25 feet around the flagged wetland boundary (or to the property line, whichever is less) must be included in the area to be reviewed.
- All maps must: (See example in Appendix.)
 - Be legible, clearly labeled, and drawn to scale.
 - Indicate all areas to be reviewed.
 - Include any landmarks, water bodies, drains, ditches, buildings, etc.
 - Include a north arrow, dimensions of property, and the area to be reviewed.
 - Include the size of each wetland unit in acres.
 - Include alphanumeric code of each wetland flag (A1, A2, A3..., B1, B2, B3...).

Return the completed application to: (U.S. Mail)

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
CASHIER'S OFFICE – WRD
PO BOX 30657
LANSING MI 48909-7958
FAX: (517) 241-7942

Street Address: (Overnight Express Only)

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
CASHIER'S OFFICE – WRD
CONSTITUTION HALL, FIFTH FLOOR, SOUTH TOWER
525 WEST ALLEGAN
LANSING MI 48933-1502

For questions regarding this application form, please contact DEQ – Water Resources Division at 517-373-1170



ELECTRONIC FUND TRANSFER (EFT) DEBIT AUTHORIZATION FOR ONE-TIME TRANSACTIONS

INSTRUCTIONS: Print or type entries clearly. Carefully read and complete the entire authorization form. Mail the completed form to the appropriate Water Resources Division office you are authorizing to debit your account. **For security purposes, do not email or fax this form.** If you have questions about completing this form, call the phone number provided by the Water Resources Division office you are authorizing to debit your account.

1. Name		
2. Street Address		3. City, State, ZIP Code
4. Telephone Number ext		5. E-mail Address
6. Payment Amount	7. Payment Date	8. Payment Reference Number (Agency Use)
9. Account Number (at Financial Institution)		10. Routing Transit Number *
11. Name of Financial Institution		
12. Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings		13. Account Ownership <input type="checkbox"/> Consumer <input type="checkbox"/> Corporate
14. Business Name on the Account (If business)		

* Contact your financial institution for the routing transit number, if unknown.

AUTHORIZATION

I authorize the State of Michigan to make a withdrawal by electronic transfer from the designated financial institution and account identified above. If the Payment Date is a State holiday or weekend the withdrawal will take place on the next business day.

I authorize the State of Michigan to return money that was withdrawn from my account in error by electronically adjusting my account. I understand I will be notified by the State of Michigan if adjustments are made.

I agree to comply with National Automated Clearing House Rules and Regulations about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended, or repealed. Michigan law governs electronic fund transactions authorized by this agreement in all respects except as otherwise superseded by federal law.

If multiple account holders are required to authorize withdrawal of funds, then all must sign this authorization form.

Printed Name	Signature	Date
Printed Name of Joint Account Holder (if applicable)	Signature of Joint Account Holder (if applicable)	Date

RETAIN A COPY FOR YOUR RECORDS

STATE OF MICHIGAN USE ONLY

PERMIT FILE NUMBER(S)	
PERMIT FILE NUMBER(S)	
PERMIT FILE NUMBER(S)	
RECEIVED BY	AOBJ
DATE RECEIVED	
RESUBMISSION OF PAYMENT	<input type="checkbox"/> YES <input type="checkbox"/> NO