

SILVER CREEK TOWNSHIP

Post Office Box 464, Dowagiac, Michigan 49047

2 year "Aeration" or "bubbler" or "circulation pump" permit

Effective Dates ____ / ____ /20 ____ to ____ / ____ /20 ____

Permit No. _____ Fee(s) \$50.00

Address/location device is installed

Property owner _____ E-Mail _____ Phone _____

Installer of device _____ E-Mail _____ Phone _____

1) _____

2) _____

Person(s) monitoring device(s) _____ Phone _____

The conditions of this permit are;

- 1-Shall be limited to use during the months damaging ice is present.
- 2-Shall limit open water to within 5 feet of the dock surface.
- 3-Shall not infringe on adjacent properties.
- 4-Shall be monitored and maintained by the person(s) listed above approximately every 2 to 3 week while unit is in operation.
- 5-Visible, readable "OPEN WATER" (2 sided 16 X 20 size or larger) sign displayed on the dock.

This permit is in effect until; changes to listed information, the conditions of this Permit or 2 year term/ renewal (expiration) occur.

Signature of property owner indicating agreement of permit conditions and mailing address.