

**FINANCIAL RESPONSIBILITY/OWNERSHIP FORM
SEDIMENTATION POLLUTION CONTROL ACT**

No person may initiate any land-disturbing activity on one or more acres as covered by the Act before this form and an acceptable erosion and sedimentation control plan have been completed and approved by the Land Quality Section, N.C. Department of Environment and Natural Resources. (Please type or print and, if the question is not applicable or the e-mail and/or fax information unavailable, place N/A in the blank.)

Part A.

1. Project Name_____
2. Location of land-disturbing activity: County_____ City or Township_____ Highway/Street_____ Latitude_____ Longitude_____
3. Approximate date land-disturbing activity will commence:_____
4. Purpose of development (residential, commercial, industrial, institutional, etc.):_____
5. Total acreage disturbed or uncovered (including off-site borrow and waste areas):_____
6. Amount of fee enclosed: \$_____. The application fee is \$150.00 for the first acre, plus \$75.00 per acre for each additional acre or part thereof. (rounded up to the next acre)
7. Has an erosion and sediment control plan been filed? Yes_____ No_____ Enclosed_____
8. Person to contact should erosion and sediment control issues arise during land-disturbing activity:
Name_____ E-mail Address_____ Telephone_____ Cell # _____ Fax # _____
9. Landowner(s) of Record (attach accompanied page to list additional owners):
Name_____ Telephone_____ Fax Number_____ Current Mailing Address_____ Current Street Address_____ City_____ State_____ Zip_____ City_____ State_____ Zip_____
10. Deed Book No._____ Page No._____ Provide a copy of the most current deed.

Part B.

1. Person(s) or firm(s) who are financially responsible for the land-disturbing activity (Provide a comprehensive list of all responsible parties on an attached sheet):
Name_____ E-mail Address_____ Current Mailing Address_____ Current Street Address_____ City_____ State_____ Zip_____ Telephone_____ Fax Number_____

2. (a) If the Financially Responsible Party is not a resident of North Carolina, give name and street address of the designated North Carolina Agent:

_____			_____		
Name			E-mail Address		
_____			_____		
Current Mailing Address			Current Street Address		
_____			_____		
City	State	Zip	City	State	Zip
Telephone_____			Fax Number_____		

(b) If the Financially Responsible Party is a Partnership or other person engaging in business under an assumed name, **attach a copy of the Certificate of Assumed Name.** If the Financially Responsible Party is a Corporation, give name and street address of the Registered Agent:

_____			_____		
Name of Registered Agent			E-mail Address		
_____			_____		
Current Mailing Address			Current Street Address		
_____			_____		
City	State	Zip	City	State	Zip
Telephone_____			Fax Number_____		

The above information is true and correct to the best of my knowledge and belief and was provided by me under oath (This form must be signed by the Financially Responsible Person if an individual or his attorney-in-fact, or if not an individual, by an officer, director, partner, or registered agent with the authority to execute instruments for the Financially Responsible Person). I agree to provide corrected information should there be any change in the information provided herein.

Type or print name

Title or Authority

Signature

Date

I, _____, a Notary Public of the County of _____

State of North Carolina, hereby certify that _____ appeared personally before me this day and being duly sworn acknowledged that the above form was executed by him.

Witness my hand and notaries seal, this _____ day of _____, 20_____

Seal

Notary

My commission expires_____