



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

Public Works Department
140 Memorial Park Court
Southern Pines, North Carolina 28387
Telephone: 910-692-1983 – Fax: 910-692-1085

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 Town of Southern Pines. (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: **Moore** City or Township: **Southern Pines**
Street Address _____
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 first acre plus \$75.00 for each additional acre or part thereof).
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 #

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 City State Zip
Telephone _____ Fax # _____

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 of Designated NC Agent			_____ E-mail Address		
_____ Current Mailing Address			_____ Current Street Address		
_____ City	_____ State	_____ Zip	_____ City	_____ State	_____ Zip
Telephone _____			Fax # _____		

(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 NC Registered Agent			_____ E-mail Address		
_____ Current Mailing Address			_____ Current Street Address		
_____ City	_____ State	_____ Zip	_____ City	_____ State	_____ Zip
Telephone _____			Fax # _____		

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 notarial seal, this _____ day of _____, 20_____

Seal	_____ Notary
	My commission expires _____