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 of $65.00 per acre (rounded up to the next acre) is assessed without a ceiling amount (Example: a 9-acre application fee is $585).

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 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 notarial seal, this _____day of _____, 20_____

_____
Notary

Seal

My commission expires_____