

**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 Environmental Quality. Submit the completed form to the appropriate Regional Office. (Please type or print and, if the question is not applicable or the e-mail address or phone number is 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^(decimal degrees) _____ Longitude^(decimal degrees) _____
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 \$100.00 per acre (rounded up to the next acre) is assessed without a ceiling amount (Example: 8.10-acre application fee is \$900). Checks should be addressed to NCDEQ.
7. Has an erosion and sediment control plan been filed? Yes Enclosed No
8. Person to contact should erosion and sediment control issues arise during land-disturbing activity:
Name _____ E-mail Address _____
Phone: Office # _____ Mobile # _____
9. Landowner(s) of Record (attach accompanied page to list additional owners):

Name	Phone: Office #	Mobile #
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. Company(ies) who are financially responsible for the land-disturbing activity (Provide a comprehensive list of all responsible parties on accompanied page.) *If the company is a sole proprietorship or if the landowner(s) is an individual(s), the name(s) of the owner(s) may be listed as the financially responsible party(ies).*

_____			_____		
Company Name			E-mail Address		
_____			_____		
Current Mailing Address			Current Street Address		
_____			_____		
City	State	Zip	City	State	Zip
Phone: Office #	_____		Mobile #	_____	

Note: If the Financially Responsible Party is not the owner of the land to be disturbed, include with this form the landowner's signed and dated written consent for the applicant to submit a draft erosion and sedimentation control plan and to conduct the anticipated land disturbing activity.

2. (a) If the Financially Responsible Party is a domestic company registered on the NC Secretary of State business registry, 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
Phone: Office #	_____		Mobile #	_____	

Name of Individual to Contact (if Registered Agent is a company)

- (b) If the Financially Responsible Party is not a resident of North Carolina, give name and street address of the designated North Carolina agent who is registered on the NC Secretary of State business registry:

_____			_____		
Name of Registered Agent			E-mail Address		
_____			_____		
Current Mailing Address			Current Street Address		
_____			_____		
City	State	Zip	City	State	Zip
Phone: Office #	_____		Mobile #	_____	

Name of Individual to Contact (if Registered Agent is a company)

(c) If the Financially Responsible Party is engaging in business under an assumed name, give name under which the company is Doing Business As. If the Financially Responsible Party is an individual, General Partnership, or other company not registered and doing business under an assumed name, **attach a copy of the Certificate of Assumed Name.**

Company DBA Name

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(s) 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 Party). 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/her.

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

Seal

Notary

My commission expires _____

Continued from Items 9 & 10 in Part A of the Financial Responsibility/Ownership Form for multiple owners. Attach copies of this page as needed to list all landowners.

Landowner 2 of Record:

Name Phone: Office # Mobile #

Current Mailing Address Current Street Address

City State Zip City State Zip

Deed Book No. _____ Page No. _____ Provide a copy of the most current deed.

Landowner 3 of Record:

Name Phone: Office # Mobile #

Current Mailing Address Current Street Address

City State Zip City State Zip

Deed Book No. _____ Page No. _____ Provide a copy of the most current deed.

Landowner 4 of Record:

Name Phone: Office # Mobile #

Current Mailing Address Current Street Address

City State Zip City State Zip

Deed Book No. _____ Page No. _____ Provide a copy of the most current deed.

Landowner 5 of Record:

Name Phone: Office # Mobile #

Current Mailing Address Current Street Address

City State Zip City State Zip

Deed Book No. _____ Page No. _____ Provide a copy of the most current deed.

Continued from Item 1 in Part B of the Financial Responsibility/Ownership Form for multiple parties.
Attach copies of this page as needed to list all financially responsible parties.

Company 2 Name

E-mail Address

Current Mailing Address

Current Street Address

City State Zip

City State Zip

Phone: Office # _____

Mobile # _____

Company 3 Name

E-mail Address

Current Mailing Address

Current Street Address

City State Zip

City State Zip

Phone: Office # _____

Mobile # _____

Company 4 Name

E-mail Address

Current Mailing Address

Current Street Address

City State Zip

City State Zip

Phone: Office # _____

Mobile # _____

Company 5 Name

E-mail Address

Current Mailing Address

Current Street Address

City State Zip

City State Zip

Phone: Office # _____

Mobile # _____