

FINANCIAL RESPONSIBILITY/OWNERSHIP STATEMENT

As per 15A NCAC 04B .0118 – The draft Erosion and Sediment Control Plans will not be approved until an authorized statement of financial responsibility and ownership is submitted.

As per GS 113A-54.1(a) - If the applicant is not the owner of the land to be disturbed, the owner’s written consent for the applicant to submit a draft Erosion and Sediment Control Plan and to conduct the anticipated land-disturbing activity must be submitted with this document.

PART A.

1. Project Name: _____

2. Physical Address/Location:

Street Address: _____ City: _____ State: _____ Zip: _____

3. Latitude: _____ Longitude: _____

4. Approximate date land-disturbing activity will commence: _____

5. Purpose of development (residential, commercial, industrial, etc.)

6. Approximate acreage of land to be disturbed or uncovered: _____

7. Landowner(s) of Record (use blank page to list additional owners):

Name

Name

Current Mailing Address

Current Mailing Address

City, State, Zip

City, State, Zip

Telephone Number

Telephone Number

8. Indicate book and page where deed or instrument is filed (use blank page to list additional deeds or instruments). Provide copies of Deeds with this submittal.

Book _____

Page _____

Book _____

Page _____

PART B.

1. Person(s) or firm(s) who are financially responsible for this land-disturbing activity:

Name

Name

Current Mailing Address

Current Mailing Address

City, State, Zip

City, State, Zip

Telephone Number

Telephone Number

2. Registered agent, if any, for the person or firm who is financially responsible:

Signature

Mailing Address

Printed Name

Telephone Number

3. 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 if not an individual, by an officer, director, partner or attorney-in-fact, or registered agent with 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 of Authority

Signature

Date

I, _____, a Notary Public of the County of _____, State of North Carolina, do 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 Public _____

My commission expires: _____