



City of High Point
FINANCIAL RESPONSIBILITY/OWNERSHIP FORM

Pursuant to 6.3 of the City of High Point Development Ordinance, no person may initiate any land-disturbing activity, as that term is defined in Chapter 10 of the City of High Point Development Ordinance, before this authorized statement of financial responsibility and/or ownership, and an acceptable erosion and sedimentation control plan, have been completed, submitted, and approved by the City of High Point Department of Engineering Services.

If the applicant/ financially responsible party is not the owner of the land to be disturbed, the owner's written consent (signed and dated) for the applicant/ financial responsibility party to submit a draft Erosion and Sediment Control Plan and to conduct the anticipated land-disturbing activity must be submitted with this document.

Submit the completed form to the City of High Point Department of Engineering Services or appropriate ACCELA Record if required.

Please type or print. 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. Address/Location of land-disturbing activity (include Zip Code):

Street Address _____

City _____ NC Zip Code _____

County (ies) _____

Latitude (decimal degrees) _____ Longitude (decimal degrees) _____

(For Latitude and Longitude Location, please use main entrance for the above location)

3. Approximate date land-disturbing activity will commence:

Month _____ Day _____ Year _____

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

5. Total acreage of land to be disturbed or uncovered (include off-site and waste areas in acres):

Acres to be Disturbed _____ acres

Off-site and/or waste site to be include with this project _____ acres

Total Disturbed Acres (disturbed area plus off-site/or waste site) _____ acres

6. Is this statement of Financial Responsibility and/or Ownership submitted for (choose one):

_____ An initial Erosion and Sedimentation Control Plan.

_____ A revised Erosion and Sedimentation Control Plan. If the revised submittal proposes additional disturbance, provide additional _____ acres

_____ A transferred Erosion and Sedimentation Control Plan.

7. Landowner(s) of Record – Company or Individual (if needed, use attached page to list additional owners):

Landowner (List either the Company(ies) or Individual(s))

Current Mailing Address

Current Street Address

City, State, Zip

City, State, Zip

Office Telephone Number

Mobile Telephone Number

Email Address

8. Is the Landowner(s) of Record the Financially Responsible Party also?

Yes _____ No _____ If not, "Part B" is required to be filled out.

9. Indicate book and page where deed or instrument is filed (use blank page to list additional deeds or instruments). **Copies of Deed(s) must be provided with this submittal.**

Book _____

Page _____

Book _____

Page _____

10. Provide Tax PIN or Parcel Number _____

11. Is this proposed disturbance subject to the Randleman Lake Watershed Riparian Buffer Regulations? Yes _____ No _____

**Watershed information can be found at NCDEQ Division of Water Resources Map:
<https://experience.arcgis.com/experience/689283d17bf342c2a96364fbab09a5d8/page/Page-1/?views=Layers>
under the Surface Water Classifications layer and NC Riparian Buffer Areas with Rules sublayer.*

PART B.

- 1 (a) **If the Landowner of Record is not the Financially Responsible Party for the land-disturbing activity, provide the names of either the Company(ies) or Individual(s) who will be financially responsible for the disturbance. *If needed, list any additional responsible parties on the 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).***

Financially Responsible Party (List either the Company(ies) or Individual(s))

Current Mailing Address

Current Street Address

City, State, Zip

Email Address

Office Telephone Number

Mobile Telephone Number

- 1 (b) **If the Financially Responsible Party is a domestic company registered on the NC Secretary of State business registry, provide the name and street address of the Registered Agent: *A North Carolina agent must be designated in the statement for the purpose of receiving notice of compliance or non-compliance with the Plan, the Act, or rules or orders adopted or issued pursuant to this ordinance.***

Name of Registered Company

Current Mailing Address

Current Street Address

City, State, Zip

Email Address

Office Telephone Number

Mobile Telephone Number

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

Part B - Continued

- 1 (c) **If the Financially Responsible Party is an individual who is not a resident of North Carolina, you must provide a designated North Carolina agent who is registered on the NC Secretary of State business registry. Provide the name and street address of the Registered Agent: A North Carolina agent must be designated in the statement for the purpose of receiving notice of compliance or non-compliance with the Plan, the Act, or rules or orders adopted or issued pursuant to this ordinance.**

Name of Registered Agent

Current Mailing Address

Current Street Address

City, State, Zip

City, State, Zip

Office Telephone Number

Mobile Telephone Number

Email Address

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

- 1 (d) **If the Financially Responsible Party is engaging in business under an assumed name, provide name of business under which the company is doing business as.**

OR

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

- 1 (e) **The Financially Responsible Party shall provide a contact person should an Erosion and Sedimentation Control issue arise:**

Name

Email Address

Office Telephone Number

Mobile Telephone Number

Part B - Continued

2. 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 Required

Date

Notary Information

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

State of _____,

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 _____

SEAL

My commission expires: _____

Continued from Item 7 in Part A of the Financial Responsibility/Ownership Form for multiple owners. Attach copies of this page as needed to list all landowners.

Additional Landowner(s) of Record

Landowner

Current Mailing Address

Current Street Address

City, State, Zip

City, State, Zip

Office Telephone Number

Mobile Telephone Number

Email Address

Additional Landowner(s) of Record

Landowner

Current Mailing Address

Current Street Address

City, State, Zip

City, State, Zip

Office Telephone Number

Mobile Telephone Number

Email Address

Additional Landowner(s) of Record

Landowner

Current Mailing Address

Current Street Address

City, State, Zip

City, State, Zip

Office Telephone Number

Mobile Telephone Number

Email Address

***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.***

Financially Responsible Party

Current Mailing Address

Current Street Address

City, State, Zip

City, State, Zip

Office Telephone Number

Mobile Telephone Number

Email Address

Financially Responsible Party

Current Mailing Address

Current Street Address

City, State, Zip

City, State, Zip

Office Telephone Number

Mobile Telephone Number

Email Address

Financially Responsible Party

Current Mailing Address

Current Street Address

City, State, Zip

City, State, Zip

Office Telephone Number

Mobile Telephone Number

Email Address