## FINANCIAL RESPONSIBILITY/OWNERSHIP FORM SINGLE RESIDENTIAL LOT INFORMATION

No person may initiate any land-disturbing activity on individual lots within an approved subdivision (on or after 10-01-2021) as covered by the Act before this form and an acceptable sketch erosion plan (no design professional required) have been completed and approved by the Site Development Department. Submit the completed form on the SMARTGOV portal when applying for a Single Residential Lot development permit. (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 1.	<b>A.</b> Subdivision Name		<del>-</del>				
2.	Lot number		<del></del>				
	Address of Lot						
	Approximate date land-disturbing activity will co	ommence:					
3.	Tax Parcel Number						
4.	Total acreage disturbed or uncovered for individual lot						
5.	Amount of fee enclosed: \$	(\$100.00 / Lot Flat Rate)					
6.	Sketch plan included Yes □ Enclosed						
7.	Person to contact should erosion and sediment	Person to contact should erosion and sediment control issues arise during land-disturbing activity:					
	Name	E-mail Address					
	Phone: Office #	Mobile #					
8.	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				
9.	Deed Book No. Page No.						

## Part B.

Company Name			E-mail Address		· · · · · · · · · · · · · · · · · · ·
Current Mailing Address			Current Street Address		
City	State	Zip	City	State	Zip
Phone: Office#_			Mobile #		
business registry, g			E-mail Address	-	
Current Mailing Address			Current Street Address		
Current Mailing Add	ress		Current Street	Address	
	State	Zip	Current Street	Address	Zip
City	State	·	City		·
City Phone: Office#	State	· 	City  Mobile #	State	·
City  Phone: Office #  Name of Individual t  (b) If the Financially	State  To Contact (if Reg	istered Age	City  Mobile #  Int is a company)  resident of North	State	treet address
City  Phone: Office #  Name of Individual t  (b) If the Financially of the designated N	State to Contact (if Reg y Responsible Pa lorth Carolina age	istered Age	City  Mobile #  Int is a company)  resident of North	State  Carolina, give name and s C Secretary of State busin	treet address
City  Phone: Office #  Name of Individual t  (b) If the Financially	State To Contact (if Reg  y Responsible Pa  lorth Carolina age	istered Age	City  Mobile #  Int is a company)  resident of North egistered on the N	State  Carolina, give name and s C Secretary of State busin	treet address

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

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		<u> </u>
l,,	a Notary Public of the County of	
State of North Carolina, hereby certify that before me this day and being duly sworn ackno	appeared person appeared by him/l	ally her
Witness my hand and notarial seal, this	_day of, 20	
	Notary	—
	My commission expires	

Seal