



**FINANCIAL RESPONSIBILITY/OWNERSHIP FORM
SEDIMENTATION POLLUTION CONTROL ACT
SOIL EROSION AND SEDIMENTATION CONTROL**

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 Henderson County Soil Erosion Administrator. (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 _____
Address of Project: _____ 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: \$ _____.
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 _____		
_____			_____		
Current Mailing Address			Current Street Address		
_____			_____		
City	State	Zip	City	State	Zip
Telephone _____			Cell # _____		

9. Landowner(s) of Record (attach accompanied page to list additional owners) **NOTE: Must match Polk County Courthouse - Land records information or provide a recorded deed:**

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 firms who are financially responsible for the land-disturbing activity (Provide a comprehensive list of all responsible parties on an attached sheet) **NOTE: The signature of a corporation, or LLC must be a listed member on the formation documents on file with the state office at <https://www.sosnc.gov/search/index/corp>.**

_____			_____		
Name			E-mail Address		
_____			_____		
Current Mailing Address			Current Street Address		
_____			_____		
City	State	Zip	City	State	Zip
Telephone _____					

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 _____					

- (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's a Corporation, give name and street address of the Registered Agent: **(Rare)**

_____			_____		
Name of Registered Agent			E-mail Address		
_____			_____		
Current Mailing Address			Current Street Address		
_____			_____		
City	State	Zip	City	State	Zip
Telephone _____					

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_____

Seal

Notary

My commission expires _____