

**FINANCIAL RESPONSIBILITY/OWNERSHIP FORM  
SEDIMENTATION POLLUTION CONTROL ACT**

No person may initiate any land-disturbing activity on one or more contiguous 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 Environment, Health, and Natural Resources. (Please type or print and, if question is not applicable, place N/A in the blank.)

**Part A.**

1. Project Name \_\_\_\_\_
2. Location of land-disturbing activity: County Swain \_\_\_\_\_, City  
or Township \_\_\_\_\_, and Highway/Street \_\_\_\_\_
3. Approximate date land-disturbing activity will be commenced: \_\_\_\_\_
4. Purpose of development (residential, commercial, industrial, etc.): \_\_\_\_\_
5. Total acreage disturbed or uncovered (including off-site borrow and waste areas): \_\_\_\_\_
6. Amount of fee enclosed: \$ \_\_\_\_\_
7. Has an erosion and sedimentation control plan been filed? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Person to contact should sediment control issues arise during land-disturbing activity.  
Name \_\_\_\_\_ Telephone \_\_\_\_\_
9. Landowner(s) of Record (Use blank page to list additional owners.):  

Name(s)	
Current Mailing Address	Current Street Address
City State Zip	City State Zip
10. Recorded in Deed Book No. \_\_\_\_\_ Page No. \_\_\_\_\_

**Part B.**

1. Person(s) or firm(s) who are financially responsible for this land-disturbing activity (Use the blank page to list additional persons or firms):

Name of Person(s) or Firm(s)	
Mailing Address	Street Address
City State Zip	City State Zip
Telephone _____	Telephone _____

2. (a) If the Financially Responsible Party is not a resident of North Carolina give name and street address of a North Carolina agent.

Name					
Mailing Address			Street Address		
City	State	Zip	City	State	Zip
Telephone			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 is a Corporation give name and street address of the Registered Agent.

Name of Registered Agent					
Mailing Address			Street Address		
City	State	Zip	City	State	Zip
Telephone			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 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  
Signature

Title or Authority  
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 \_\_\_\_\_

Notary

My commission expires \_\_\_\_\_