



FINANCIAL RESPONSIBILITY/OWNERSHIP FORM EROSION & SEDIMENTATION CONTROL

No person may initiate any land-disturbing activity on one or more acres, 1/2 acre or more inside a watershed, as covered by the Sedimentation Pollution Control Act and the Iredell County Land Development Code, before an acceptable erosion and sedimentation control plan has been submitted and approved by the Iredell County Planning & Development, Erosion Control Section.

(Please type or print)

Part A.

- Project Name _____
- Location of land-disturbing activity: County _____ City or Township _____
Highway/Street _____ Latitude _____ Longitude _____
- Approximate date land-disturbing activity will commence: _____
- Purpose of development (residential, commercial, industrial, institutional, etc.): _____
- Total acreage disturbed or uncovered (including off-site borrow and waste areas): _____
- Amount of fee enclosed: \$ _____. An application fee of \$175.00 per acre (rounded up to the next acre) is assessed without a ceiling amount (Example: a 8.10-acre application fee is \$1575). For projects > than 0.5 acres but no greater than 0.99 acres in a water supply watershed, a flat fee of \$100.00 is assessed.
- Has an erosion and sediment control plan been filed? Yes _____ No _____ Enclosed _____
- Person to contact should erosion and sediment control issues arise during land-disturbing activity:
Name _____ E-mail Address _____
Telephone _____ Cell # _____ Fax # _____
- Landowner(s) of Record (attach accompanied page to list additional owners):

| | | |
|--|--|------------|
| Name | Telephone | Fax Number |
| Current Mailing Address | Current Street Address | |
| City State Zip | City State Zip | |
- Deed Book No. _____ Page No. _____ Provide a copy of the most current deed.

Part B.

- Person(s) or firm(s) who are financially responsible for the land-disturbing activity (Provide a comprehensive list of all responsible parties on an attached sheet):

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

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 _____ | | | Fax Number _____ | | |

(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 | | | E-mail Address | | |
| _____ | | | _____ | | |
| Current Mailing Address | | | Current Street Address | | |
| _____ | _____ | _____ | _____ | _____ | _____ |
| City | State | Zip | City | State | Zip |
| Telephone _____ | | | Fax Number _____ | | |

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 _____