



**FINANCIAL RESPONSIBILITY/OWNERSHIP FORM
SEDIMENTATION POLLUTION CONTROL ACT
CITY OF HENDERSONVILLE
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 the Land Quality Section, N.C. Department of Environment and Natural Resources. (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: \$ _____. **Fee Schedule FY 2018-2019 is available on Water Resources at link <https://www.hendersoncountync.gov/waterresources/page/approved-fees-fy-2018-2019-0>.**

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 Henderson 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 _____