

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

No person may initiate any land-disturbing activity on ½ acres as covered by the Act before this form and an acceptable erosion and sedimentation control plan have been completed and approved by the Macon County Planning, Permitting and Development. Submit this form to: Macon County Planning, Permitting and Development 1834 Lakeside Dr. Franklin, NC 28734. (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 _____
Highway/Street _____ 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: \$ _____. The application fee of \$100.00 per acre **rounded up to the next acre** is assessed without a ceiling amount (Example: a 1 acre -\$100.00).
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 _____
Telephone _____ Cell # _____ Fax # _____
9. 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
10. Deed Book No. _____ Page No. _____ Provide a copy of the most current deed.

Part B.

1. Company(ies) or firm(s) who are financially responsible for the land-disturbing activity (Provide a comprehensive list of all responsible parties on an attached sheet.) *If the company or firm is a sole proprietorship, the name of the owner or manager may be listed as the financially responsible party.*

Name	E-mail Address
Current Mailing Address	Current Street Address
City	State
City	State

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 _____