FINANCIAL RESPONSIBILITY/OWNERSHIP FORM
SEDIMENTATION POLLUTION CONTROL ACT

No person shall initiate a land-disturbing activity of ½ or more acres until an acceptable erosion control plan has been submitted and approved by the Macon County Codes and Regulations Department, as covered by the Macon Sedimentation and Erosion Control Ordinance. (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:
   Township: ___________________ Location: ________________________________________

3.) Approximate date that 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 to be submitted upon approval of Erosion Control Plan: $______________

7.) Has an erosion and sedimentation plan been filed?  Yes_____  NO_____ Enclosed_________

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 Mailing Address
   _____________________________  __________________________
   City  State  Zip  City  State  Zip

10.) Parcel ID # ( 7-digits): ______________________

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

   Name(s)
   ______________________________________________________  _______________________
   Current Mailing Address  Current Mailing Address
   _____________________________  __________________________
   City  State  Zip  City  State  Zip

   Telephone  Telephone
2. (a) If the Financial Responsibility Party is not a resident of North Carolina give name and street address of a North Carolina Agent.

_______________________________   _______________________________
Name(s)

_______________________________  _______________________________
Current Mailing Address   Current Mailing Address

_______________________________  _______________________________
City  State  Zip  City  State  Zip

Telephone

(b) If the Financial Responsible Party is a Partnership or other person engaging in business under an Assumed name, attach a copy of the certificate off assumed name. If the Financially Responsible Party is a Corporation give name and street address of the Registered Agent.

__________________________________ __________________________________
Name(s)    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 __________________