

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

No person shall initiate a land-disturbing activity of 1/2 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

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Current Mailing Address

\_\_\_\_\_  
City State Zip

(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)

\_\_\_\_\_  
Current Mailing Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Current Mailing Address

\_\_\_\_\_  
City State Zip

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

\_\_\_\_\_  
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 \_\_\_\_\_