



NORTH CAROLINA

FINANCIAL RESPONSIBILITY/OWNERSHIP FORM
SEDIMENTATION POLLUTION CONTROL ACT

Public Works Department
140 Memorial Park Court
Southern Pines, North Carolina 28387
Telephone: 910-692-1983 – Fax: 910-692-1085

No person may initiate any land-disturbing activity greater than 30,000 sq. ft. (including lots or tracts of land that are a part of a Common Plan of Development that the total disturbance will exceed 30,000 sq. ft.) as covered by the Town's Code of Ordinances before this form and an acceptable erosion and sedimentation control plan have been completed and approved by the Town of Southern Pines. (Please type or print and, if the question is not applicable or information unavailable, place N/A in the blank.)

Part A.

1. Project Name: _____

2. Location of land-disturbing activity: County: Moore City or Township: Southern Pines

Street Address _____

3. Latitude: _____ Longitude: _____ PIN: _____

4. Percent Impervious: _____

5. Approximate date that land-disturbing activity will commence: _____

6. Purpose of development (residential, commercial, industrial, institutional, etc.): _____

7. Total acreage disturbed or uncovered (including off-site borrow and waste areas): _____

8. Amount of fee enclosed: \$ _____.

The application fee is \$300.00 for the first acre plus \$150.00 for each additional acre, or part thereof. The revised plan review fee is \$50 for each submittal after the 2nd review. Any substantial revision to a previously approved, active plan is \$50 per acre, or part thereof. No Fee for Minor Construction Activities less than 30,000 sq. ft. of disturbance.

9. Person to contact should erosion and sediment control issues arise during land-disturbing activity:

Name _____ E-mail Address _____

Telephone _____ Cell # _____ Fax # _____

10. Landowner(s) of Record (attach accompanied page to list additional owners):

Name _____ Telephone _____ Fax # _____

Current Mailing Address _____ Current Street Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

11. Deed Book No. _____ Page No. _____ (Provide a copy of the most current deed).

Part B.

1. Person(s) or firm(s) who is 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 # _____

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 of Registered NC Agent	_____ E-mail Address
_____ Current Mailing Address	_____ Current Street Address
_____ City State Zip	_____ City State Zip
Telephone _____	Fax # _____

- (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 NC Registered Agent	_____ E-mail Address
_____ Current Mailing Address	_____ Current Street Address
_____ City State Zip	_____ City State Zip
Telephone _____	Fax # _____

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 _____

FOR TOWN USE ONLY:
Covered by 5/70 Provision: Yes No