

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

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 Environmental Quality. Submit the completed form to the appropriate Regional Office. (Please type or print and, if the question is not applicable or the e-mail address or phone number is 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<sub>(decimal degrees)</sub> \_\_\_\_\_ Longitude<sub>(decimal degrees)</sub> \_\_\_\_\_
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: 8.10-acre application fee is \$900). Checks should be addressed to NCDEQ.
7. Has an erosion and sediment control plan been filed? Yes ☐ Enclosed ☐ No ☐
8. Person to contact should erosion and sediment control issues arise during land-disturbing activity:  
Name \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Phone: Office # \_\_\_\_\_ Mobile # \_\_\_\_\_
9. Landowner(s) of Record (attach accompanied page to list additional owners):  

_____	_____	_____
Name	Phone: Office #	Mobile #
_____	_____	
Current Mailing Address	Current Street Address	
_____	_____	_____
City	State	Zip
10. Deed Book No. \_\_\_\_\_ Page No. \_\_\_\_\_ Provide a copy of the most current deed.

## Part B.

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

_____ Company Name	_____ E-mail Address
_____ Current Mailing Address	_____ Current Street Address
_____ City	_____ City
_____ State	_____ State
_____ Zip	_____ Zip
Phone: Office # _____	Mobile # _____

Note: If the Financially Responsible Party is not the owner of the land to be disturbed, include with this form the landowner's signed and dated written consent for the applicant to submit a draft erosion and sedimentation control plan and to conduct the anticipated land disturbing activity.

2. (a) If the Financially Responsible Party is a domestic company registered on the NC Secretary of State business registry, give name and street address of the Registered Agent:

_____ Name of Registered Agent	_____ E-mail Address
_____ Current Mailing Address	_____ Current Street Address
_____ City	_____ City
_____ State	_____ State
_____ Zip	_____ Zip
Phone: Office # _____	Mobile # _____

\_\_\_\_\_  
Name of Individual to Contact (if Registered Agent is a company)

- (b) If the Financially Responsible Party is not a resident of North Carolina, give name and street address of the designated North Carolina agent who is registered on the NC Secretary of State business registry:

_____ Name of Registered Agent	_____ E-mail Address
_____ Current Mailing Address	_____ Current Street Address
_____ City	_____ City
_____ State	_____ State
_____ Zip	_____ Zip
Phone: Office # _____	Mobile # _____

\_\_\_\_\_  
Name of Individual to Contact (if Registered Agent is a company)

(c) If the Financially Responsible Party is engaging in business under an assumed name, give name under which the company is Doing Business As. If the Financially Responsible Party is an individual, General Partnership, or other company not registered and doing business under an assumed name, **attach a copy of the Certificate of Assumed Name.**

\_\_\_\_\_  
Company DBA Name

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(s) 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 Party). 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

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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/her.

Witness my hand and notarial seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Seal

\_\_\_\_\_  
Notary

My commission expires \_\_\_\_\_

*Continued from Items 9 & 10 in Part A of the Financial Responsibility/Ownership Form for multiple owners. Attach copies of this page as needed to list all landowners.*

Landowner 2 of Record:

_____ Name			_____ Phone: Office #		_____ Mobile #	
_____ Current Mailing Address			_____ Current Street Address			
_____ City		_____ State	_____ City		_____ State	_____ Zip
Deed Book No. _____			Page No. _____		Provide a copy of the most current deed.	

Landowner 3 of Record:

_____ Name			_____ Phone: Office #		_____ Mobile #	
_____ Current Mailing Address			_____ Current Street Address			
_____ City		_____ State	_____ City		_____ State	_____ Zip
Deed Book No. _____			Page No. _____		Provide a copy of the most current deed.	

Landowner 4 of Record:

_____ Name			_____ Phone: Office #		_____ Mobile #	
_____ Current Mailing Address			_____ Current Street Address			
_____ City		_____ State	_____ City		_____ State	_____ Zip
Deed Book No. _____			Page No. _____		Provide a copy of the most current deed.	

Landowner 5 of Record:

_____ Name			_____ Phone: Office #		_____ Mobile #	
_____ Current Mailing Address			_____ Current Street Address			
_____ City		_____ State	_____ City		_____ State	_____ Zip
Deed Book No. _____			Page No. _____		Provide a copy of the most current deed.	

*Continued from Item 1 in Part B of the Financial Responsibility/Ownership Form for multiple parties.  
Attach copies of this page as needed to list all financially responsible parties.*

\_\_\_\_\_  
Company 2 Name

\_\_\_\_\_  
E-mail Address

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

\_\_\_\_\_  
Current Street Address

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

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

Phone: Office # \_\_\_\_\_

Mobile # \_\_\_\_\_

\_\_\_\_\_  
Company 3 Name

\_\_\_\_\_  
E-mail Address

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

\_\_\_\_\_  
Current Street Address

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

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

Phone: Office # \_\_\_\_\_

Mobile # \_\_\_\_\_

\_\_\_\_\_  
Company 4 Name

\_\_\_\_\_  
E-mail Address

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

\_\_\_\_\_  
Current Street Address

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

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

Phone: Office # \_\_\_\_\_

Mobile # \_\_\_\_\_

\_\_\_\_\_  
Company 5 Name

\_\_\_\_\_  
E-mail Address

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

\_\_\_\_\_  
Current Street Address

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

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

Phone: Office # \_\_\_\_\_

Mobile # \_\_\_\_\_