FINANCIAL RESPONSIBILITY/OWNERSHIP FORM
SEDIMENTATION POLLUTION CONTROL ACT
EXPRESS PERMITTING OPTION

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(decimal degrees) ________ Longitude(decimal degrees) ______

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 Express Permitting application fee is a dual charge. 

   The normal fee of $100.00 per acre (rounded up to the next acre) is assessed without a ceiling amount. 

   In addition, the Express Permitting supplement is $250 per acre up to eight acres, after which the Express 

   Permitting supplemental fee is a fixed $2,000.00 (Example: 8.10-acre application fee is $2,900). 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____ 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  State  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  State  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  State  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

(d) If order to facilitate **Express Permitting**, it is necessary to be able to contact the engineer or other consultant who can assist in providing any necessary information regarding the plan and its preparation:

Engineering firm or other consultant

E-mail Address

Individual contact person (type or print)

Phone: Office #  Mobile #

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

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________

Notary

Seal

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 Zip

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 Zip

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 Zip

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 Zip

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.

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<td>Current Street Address</td>
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<tr>
<td>City</td>
<td>State</td>
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<tr>
<td>Phone: Office #</td>
<td>Mobile #</td>
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