



Town of Columbus

PO BOX 146 · Columbus, NC 28722 · (828) 894 - 8236

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 Environment and Natural Resources. (Please type or print and, if the question is not applicable or the e-mail and/or fax information 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 _____ Longitude _____
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 \$ _____
7. Has an erosion and sediment control plan been filed? Yes _____ No _____ Enclosed _____
8. Person to contact should erosion and sediment control issues arise during land-disturbing activity:
Name _____ Email Address _____
Telephone _____ Cell _____ Fax _____
9. 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
10. Deed Book No. _____ Page No. _____ Provide a copy of the most current deed.



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Part B.

1. Person(s) or firm(s) who are 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 Number			Fax Number		

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			E-mail Address		
Current Mailing Address			Current Street Address		
City	State	Zip	City	State	Zip
Telephone Number			Fax Number		

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

Name			E-mail Address		
Current Mailing Address			Current Street Address		
City	State	Zip	City	State	Zip
Telephone Number			Fax Number		



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The information contained in this application 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 by 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/her.

Witness my hand and notary seal, this _____ Day of _____ 20 _____

Notary Signature

My commission expires _____