



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 Town of Clayton Soil Erosion and Sedimentation Control Ordinance before this form and an acceptable erosion and sedimentation control plan have been completed and approved by the Town of Clayton. (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 JOHNSTON City or Township CLAYTON
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: \$ _____. [The fee of \$125 per acre (rounded up to the next acre) is assessed without a ceiling amount; Single Family lot - \$75]
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 _____ E-mail Address _____
Telephone _____ Cell # _____ Fax # _____
9. Landowner(s) of Record (attach accompanied page to list additional owners):

Name	Telephone	Fax Number
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) or firm(s) who are financially responsible for the land-disturbing activity (Provide a comprehensive list of all responsible parties on an attached sheet.) *If the company or firm is a sole proprietorship the name of the owner or manager may be listed as the financially responsible party.*

Name	E-mail Address	
Current Mailing Address	Current Street Address	
City	State	Zip
City	State	Zip
Telephone	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_____			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 Certificate of Assumed Name**. If the Financially Responsible Party is a Corporation, 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	City	State	Zip
Telephone_____			Fax Number_____		

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_____