



TOWN OF CLAYTON
 Public Services – Engineering Division
 111 E. Second St., P.O. Box 879
 Clayton, NC 27528
 Phone: 919-553-5002
 Fax: 919-553-1720

EROSION CONTROL PERMIT TRANSFER REQUEST

REQUIRED INFORMATION FOR APPROVAL

SUCCESSOR-OWNER NAME _____
 MAILING _____
 ADDRESS _____

GRADING CONTRACTOR _____
 MAILING _____
 ADDRESS _____
 PHONE _____

TOWN OF CLAYTON PROJECT # _____
 NAME OF PROJECT _____
 PROJECT LOCATION _____

TOWN FINDINGS

1. The plan holder is one of the following:
 - A deceased natural person
 - A dissolved partnership, LLC, Corporation or other business association
 - A person lawfully and finally divested of the title to property
2. Successor-owner holds title to property: ___ Y or ___ N
3. Successor-owner is sole claimant to right to engage in activity: ___ Y or ___ N
4. Substantial change to permitted activity: ___ Y or ___ N

I, _____, successor-owner, shall comply with the terms and conditions of the permitted plan once the transfer has been approved. I further agree to indemnify and save harmless the Town of Clayton from any liability damages or losses resulting directly or indirectly from the land disturbing activities described hereon. I acknowledge that violation of erosion control regulations will result in civil penalties of up to \$5,000 per day.

 Signature

 Date

 Phone#