



Instructions: No person shall initiate any land-disturbing activity on one or more acres, as covered in the Town of Huntersville 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 Huntersville. The Financially Responsible Party will be on record as the party to accept any Notices of Violation or related documents for any non-compliance of the Town of Huntersville Soil Erosion and Sedimentation Control Ordinance. **If the Financially Responsible Party resides out of state, a North Carolina agent must be assigned.** All items on this form must be filled out accurately and completely.

PART A – PROJECT AND LANDOWNER INFORMATION

1. Project name
2. Address of land-disturbing activity (*number, street*)
3. Approximate date land-disturbing activity will begin
4. Purpose of development (*Commercial, Residential, Industrial, etc.*)
5. Total acreage of land to be disturbed or uncovered
6. Total site acreage
7. Landowner (s) of Record. The names listed below must match the Deed(s). *Attach a list of additional owners, if applicable.*

Note: If the landowner of record is not the person(s) firm(s), or Company’s Financially Responsible Party, as listed in Part B, item 1, a separate Letter of Consent, signed and dated by the Landowner of Record, or their Authorized Agent, is required.

Landowner 1 of Record				
Company Name <i>(if applicable)</i>		Contact Name		
Mailing Address				
City		State		Zip
Phone		Email		
Landowner 2 of Record				
Company Name <i>(if applicable)</i>		Contact Name		
Mailing Address				
City		State		Zip
Phone		Email		

8. Indicate the Deed Book and Page number where the deed or instrument is filed. *Attach a list of additional deeds if applicable.*

Deed Book	Page		Deed Book	Page		Deed Book	Page

PART B – FRO AND NC REGISTERED AGENT

1. Person(s), firm(s) or Company who is/are financially responsible for this land-disturbing activity.

Financially Responsible Party			
Company Name (if applicable)		Contact Name	
Mailing Address			
City		State	Zip
Phone		Email	

2. If the Financially Responsible Party listed above does not reside in the state of North Carolina, they must provide a designated North Carolina agent below. This agent must be registered with/on the NC Secretary of State business registry.

North Carolina Agent for Financially Responsible Party			
NC Registered Agent Name		Contact Name	
Mailing Address			
City		State	Zip
Phone		Email	

3. (Optional) Additional contact familiar with the site, who understands the plans, and may represent the company.

Site Contact's Name		Email	
Phone: Office		Phone: Mobile	

PART C – SIGNATURE WITNESSED BY A NOTARY PUBLIC

DO NOT SIGN THIS FORM UNTIL YOU ARE IN THE PRESENCE OF A NOTARY PUBLIC

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. If the Financially Responsible Owner is not an individual, this form must be signed 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.

Printed Name _____ Title or Authority _____

Wet-Ink Signature _____ Date _____

I, _____, a Notary Public of the County of _____,
State of _____, hereby certify that _____ personally
appeared 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 Signature _____

My Commission Expires _____