



Town of Huntersville
Soil Erosion & Sedimentation Control Ordinance
Financial Responsibility/Ownership Form

No person shall initiate any land-disturbing activity as defined in the Town of Huntersville Soil Erosion and Sedimentation Control Ordinance prior to completing and filing this form with the Town of Huntersville. The financially responsible party will be on record as the party to receive any Notices of Violation or related documents related to non-compliance issues with the above Ordinance. By filing this form, the parties are not relieved from any other permits that may be required for the Project. If the financially responsible party is out of State, a North Carolina agent must be assigned.

Please Type or Print

PART A

1. Project where land-disturbing activity is to be undertaken: _____

2. Address of land-disturbing activity: _____

3. Approximate date land-disturbing activity will commence: _____
Month Day Year

4. Purpose of development (Residential, Commercial, Industrial, etc.): _____

5. Approximate acreage of land to be disturbed or uncovered: _____

6. Total site acreage: _____

7. Landowners of record (use blank pages to list additional owners as necessary) :

Owner #1 Name: _____

Address: _____

Telephone: _____ Fax: _____

Email Address: _____

Owner #2 Name: _____

Address: _____

Telephone: _____ Fax: _____

Email Address: _____

8. Indicate Book and Page where the deed or instrument is filed (use blank pages to list additional deeds or instruments as necessary)

Book _____ Page _____

Book _____ Page _____

Book _____ Page _____

Book _____ Page _____

Financial Responsibility/Ownership Form - Continued

PART B

1. Person(s) or firm(s) financially responsible for this land-disturbing activity:

Persons or Firm: _____

Address: _____

Telephone: _____ Fax: _____

Email Address: _____

2. North Carolina agent for the person or firm who is financially responsible:

Person or Firm: _____

Address: _____

Telephone: _____ Fax: _____

Email Address: _____

3. The above information is true and correct to the best of my knowledge and belief and was provided by me while under oath. (This form must be signed by the financially responsible person is an individual or by an officer, director, partner, attorney-in-fact, or other person with authority to execute instruments for the financially responsible company or entity, if not an individual)

Printed Name Title

Signature Date

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

before me on this day and under oath acknowledged that this form was executed by him/her.

Witness my hand and notarial seal, this _____ day of _____, 20_____.

Notary Signature: _____

My Commission Expires: _____

Town of Huntersville
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