



BUNCOMBE COUNTY PLANNING & DEVELOPMENT

(828) 250-4830 - PlanningInfo@BuncombeCounty.org
www.buncombecounty.org/planning

FINANCIAL RESPONSIBILITY/ OWNERSHIP FORM FOR AN EROSION CONTROL PERMIT

INSTRUCTIONS: All sections must be completed. Section E must be completed in the presence of a Notary Public.

CASE NUMBER: _____

A. Existing Property Information

PIN (Numbers): _____ Project Name: _____

Latitude: _____ Longitude: _____ Amount of fee enclosed: \$ _____

Project Location - Highway/Street: _____

Proposed Use: Single Family Residence Multi-Family Vacation Rental Commercial/Industrial/Other Other

Proposed Disturbed Area (Include offsite borrow and waste areas): _____ acre(s)

B. Landowner(s) of Record*

Name of Landowner(s) of Record: _____

Mailing Address: _____

Recorded in Deed Book No: _____ Page: _____

***Note: Attach accompanied page to list additional owners**

C. Contact Information – Financially Responsible Person**

Section 26-228(b) of the Buncombe County Soil Erosion and Sedimentation Control Ordinance: "Erosion control plans shall be accompanied by a notarized statement of financial responsibility and ownership". This statement shall be signed by the person financially responsible for the land disturbing activity or his attorney in fact. The undersigned states that he/she is the person financially responsible for land disturbing activity described in this application and acknowledges receipt of a copy of the County of Buncombe Soil Erosion and Sedimentation Control Ordinance and that he/she has thereby been advised of the requirements therein as well as the penalties and resources available to the County in the event of violation of the Ordinance, including revocation of the Land Disturbing Permit and all building permits issued in connection with the project covered by the application.

Name of Applicant: _____

Mailing Address: _____

Street address: _____

City _____ State _____ Zip _____

E-mail address: _____

Telephone: _____ Cell: _____ Fax: _____

****Note: If the Financially Responsible Party is not the owner of the land to be disturbed, include with this form a copy(s) of the Soil Erosion and Sedimentation Control Agent or Landowner Authorization Form signed and dated with written consent for the applicant to submit an erosion control plan and to conduct the proposed land disturbing activities.**

D. Contact Information – Financially Responsible Company

Company(ies) who are financially responsible for the land disturbing activity (Provide a comprehensive list of all responsible parties on accompanied page.) *If the company is a sole proprietorship or if the landowner(s) is an individual(s), the name(s) of the owner(s) may be listed as the financially responsible party(ies).*

Company Name: _____

Mailing Address: _____

Street Address _____

City _____ State _____ Zip _____

E-mail address: _____

Telephone: _____ Cell: _____ Fax: _____

E. Contact Information – North Carolina Agent (Registered)

If the Financially Responsible Party is a domestic company registered on the North Carolina Secretary of State business registry, please provide information below of the Registered Agent:

Name of Registered Name: _____

Mailing Address: _____

Street Address _____

E-mail address: _____

City _____ State _____ Zip _____

Telephone: _____ Cell: _____ Fax: _____

F. Contact Information – North Carolina Agent (Non-Resident)

Section 26-228(b) of the Buncombe County Soil Erosion and Sedimentation Control Ordinance: "If the person financially responsible is not a resident of North Carolina, a North Carolina agent must be designated in the statement for the purpose of receiving notice of compliance or non-compliance with the plan, the Act, this ordinance, or rules or orders adopted or issued pursuant to this ordinance." The person noted below is the designated North Carolina agent who is registered on the North Carolina Secretary of State business registry and is duly authorized by the financially responsible person to accept and convey correspondence regarding the aforementioned project.

Name of Agent: _____
Mailing Address: _____
Street Address _____
E-mail address: _____
Telephone: _____ Cell: _____ Fax: _____
Signature: _____ Date: _____

G. Certification

I, the undersigned, attest that I am the financially responsible party or an authorized representative with signatory authority for the financially responsible party, responsible for the construction activities and maintenance of the site until ownership is completed for the above referenced project. I acknowledge receipt of a copy of the County of Buncombe Soil Erosion and Sedimentation Control Ordinance and have thereby been advised of the requirements therein as well as the penalties and resources available to the County in the event of violation of the Ordinance. The above information is true and correct to the best of my knowledge and belief and was provided by me while under oath.

Name: _____ Title: _____
Signature: _____ Date: _____

I, _____, a Notary Public for the County of _____,
State of _____, hereby certify that _____ personally
appeared before me this day and under oath acknowledged that the above form was executed by him and is correct to the best of his
knowledge and belief.

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

Notary _____

My Commission Expires _____

<i>OFFICE</i>	Review Fee: \$ _____	Permit No.: _____	Check No: _____
<i>USE</i>	Date Paid: _____	Received by: _____	Date Issued: _____

The County of Buncombe does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its programs or activities. Requests for appropriate auxiliary aids and services, when necessary to offer a person with a disability an equal opportunity to participate in or enjoy the benefits of County services, programs, or activities, may be made by contacting Buncombe County Erosion Control, (828) 250-4848. Buncombe County's TDD number is (828) 250-4001.

FOR OFFICE USE ONLY

Review Fee: _____
Permit No.: _____
Date Issued: _____
Date Paid: _____
Check No.: _____
Rec'd By: _____

**Continued from Section B of the Financial Responsibility/Ownership Form for multiple owners.
Attach copies of this page as needed to list all landowners.**

Landowner 2 of Record:

Name Phone# E-mail Address

Current Mailing Address Current Street Address

City State Zip City State Zip

Deed Book No. _____ Page No. _____ Provide a copy of the most current deed.

Landowner 3 of Record:

Name Phone# E-mail Address

Current Mailing Address Current Street Address

City State Zip City State Zip

Deed Book No. _____ Page No. _____ Provide a copy of the most current deed.

Landowner 4 of Record:

Name Phone# E-mail Address

Current Mailing Address Current Street Address

City State Zip City State Zip

Deed Book No. _____ Page No. _____ Provide a copy of the most current deed.

**Continued from Item 1 in Part B of the Financial Responsibility/Ownership Form for multiple companies.
Attach copies of this page as needed to list all financially responsible parties.**

Company 2 Name E-mail Address

Current Mailing Address Current Street Address

City State Zip City State Zip

Phone: Office # _____ Mobile # _____

Company 3 Name E-mail Address

Current Mailing Address Current Street Address

City State Zip City State Zip

Phone: Office # _____ Mobile # _____

Company 4 Name E-mail Address

Current Mailing Address Current Street Address

City State Zip City State Zip

Phone: Office # _____ Mobile # _____