



COUNTY OF BUNCOMBE
 Department of Planning and Development
 46 Valley Street
 Asheville, NC 28801

FOR OFFICE USE ONLY
 Subdivision Case No.: _____

BUNCOMBE COUNTY LAND DEVELOPMENT AND SUBDIVISION ORDINANCE
FINACIAL RESPONSIBILITY/OWNERSHIP FORM

INSTRUCTIONS: All sections must be completed. Please type or print information. Section 5 must be completed in the presence of a Notary Public.

- 1) Project Name: _____
 Project Location: Highway/ Street: _____

 Property Identification No. (PIN): _____
 Date: _____

- 2) Section 70-66(d) and (e) of the Buncombe County Land Development and Subdivision Ordinance: “Prior to approval of a final plat with proposed public or private roads or prior to a release of a guarantee of improvements for said subdivision, the developer shall submit a notarized statement of financial responsibility for road maintenance which shall remain valid until the roads are dedicated to the North Carolina Department of Transportation or an appropriate organization such as a homeowner’s association.” This statement shall be signed by the person financially responsible for the subdivision road(s) or his attorney in fact. The undersigned states that he/she is the person financially responsible for the subdivision road(s) described in this application and acknowledges receipt of a copy of the Buncombe County Land Development and Subdivision 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.

Name of Business: _____
 Name of Applicant: _____
 Mailing Address: _____

 Street address: _____
 E-mail address: _____
 Telephone No.:() _____ Cell No:() _____
 Fax no:() _____
 Signature: _____

3) Landowner(s) of Record: _____
Name: _____
Mailing Address: _____
Recorded in Deed Book No.: _____ Page: _____

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

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

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 them and is correct to the best of their knowledge and belief.

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

Notary _____

My Commission Expires _____

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 Planning and Development (828) 250-4830. Buncombe County's TDD number is (828) 250-4001.