

COUNTY OF BUNCOMBE

Department of Planning Erosion Control Office 46 Valley Street Asheville, NC 28801 (828) 250-4848

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

FOR OFFICE USE ONLY

APPLICATION FOR LAND DISTURBING PERMIT Financial 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.

)				
	Project Location: Highway/ Street:		Latitude:	Longitude:
	Property Identification No. (PIN):			
	Purpose of development (residential, co	ommercial, industrial, etc),		
	Total Area Disturbed (including offsite	borrow and waste area):		acres(s).
	Amount of fee enclosed:			
2)	Section 26-228(b) of the Buncombe Co	ounty Soil Erosion and Sedimenta	tion Control Ordinance:	"Erosion control plans shall
_	be accompanied by a notarized statem			
	person financially responsible for the l			
	person financially responsible for land			
	the County of Buncombe Soil Erosion	and Sedimentation Control Ordin	ance and that he/she has	thereby been advised of the
	requirements therein as well as the pen			
	including revocation of the Land Distu	rbing Permit and all building perr	nits issued in connection	with the project covered by
	the application.			
	Name of Business:			
	Name of Applicant:			Date:
	Mailing Address:			
	Street address:			
	E-mail address:			
	Telephone No.: ()	Cell No:()	Fax no: ()
	Signature:		· 	
	Landowner(s) of Record:			
	Name:			
	Mailing Address:			
	Recorded in Deed Book No.:	Page:		
	pursuant to this ordinance." The person financially responsible person to accept			
	Name of Agent:			
	Mailing Address:			
	E-mail Address:			
	Telephone No.:()	Cell No: <u>()</u>	Fax no: <u>(</u>)
	Signature:			
	The above information is true and corre	ect to the best of my knowledge a	nd belief and was provid	led by me while under oath
	(If the financially responsible person is			
	financially responsible person is not an			
	with authority to executed instruments f	for the financially responsible pers	on.)	
	Name:		Date:	
	Title:			
	Signature:			
	I, State of	, a Notary Pub	lic for the County of	
	State of	and under oath acknowledged that	at the above form was exe	ecuted by him and is correct
	to the best of his knowledge and belief.			•
	Witness my hand and seal, this	day of	, 20	
	•	•		
	No	tary		
	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 Erosion Control, (828) 250-4848. Buncombe County's TDD number is (828) 250-4001.