BUNCOMBE COUNT FINANCIAL RESPONSIBILITY/ ANNING & DEVELOPMENT **OWNERSHIP FORM** FOR AN (828) 250-4830 - PlanningInfo@BuncombeCounty.org **EROSION CONTROL PERMIT** www.buncombecounty.org/planning INSTRUCTIONS: All sections must be completed. Section E must be CASE NUMBER: completed in the presence of a Notary Public. A. Existing Property Information PIN (Numbers): \_\_\_\_\_ \_\_\_\_\_ Project Name: \_\_\_\_\_ Longitude: \_\_\_\_\_ Latitude: Amount of fee enclosed: \$\_\_\_\_\_ Project Location - Highway/Street:\_ **Proposed Use:**  $\Box$  Single Family Residence  $\Box$  Multi-Family  $\Box$  Vacation Rental  $\Box$  Commercial/Industrial/Other  $\Box$  Other **Proposed Disturbed Area** (Include offsite borrow and waste areas): \_\_\_\_\_ acre(s) B. 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:\_\_\_\_\_ Name of Business: Mailing Address: \_\_\_\_ Street address: E-mail address: Cell:\_\_\_\_ Telephone: Fax: C. Landowner(s) of Record Name of Landowner(s) of Record: Mailing Address: Recorded in Deed Book No: Page: D. Contact Information – North Carolina Agent (If Applicable) 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 and is duly authorized by the financially responsible person to accept and convey correspondence regarding the aforementioned project. Name of Agent: \_ Mailing Address: \_\_\_\_ E-mail address: \_\_\_\_ \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: Telephone:\_\_\_\_ Signature: \_\_\_\_ Date: E. 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. \_\_\_ Title: \_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_, a Notary Public for the County of \_\_\_\_\_\_ I. \_\_\_\_\_, hereby certify that \_\_personally State of 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\_\_\_\_\_ OFFICE Review Fee: \$ Permit No.: Check No: USE Received by: \_\_\_\_ Date Paid: 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.