



FOR OFFICE USE ONLY

# COUNTY OF BUNCOMBE

Planning and Development  
46 Valley Street  
Asheville, NC 28801  
(828) 250-4830

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

## APPLICATION FOR STORMWATER PERMIT **Financial Responsibility / Ownership Form**

INSTRUCTIONS: All sections must be completed. Please type or print information. Section 4 must be completed in the presence of a Notary Public. (3 Originals must be submitted)

1) Project Name: \_\_\_\_\_  
Project Location: Highway/ Street \_\_\_\_\_ Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Property Identification No. (PIN): \_\_\_\_\_  
Purpose of development (residential / commercial) \_\_\_\_\_  
Total Area Disturbed \_\_\_\_\_ acres(s).  
Total Acres of Site \_\_\_\_\_  
Amount of fee enclosed: \_\_\_\_\_

2) Division 5 section 1(a) of the Stormwater Management Ordinance "The developer/applicant and or property owner must maintain stormwater improvements until accepted by a property owners association or lot owner" The undersigned states that he/she is the applicant/developer and/or property owner and is financially responsible for installation, operation and maintenance of the stormwater controls until ownership is conveyed and acknowledges receipt of a copy of the County of Buncombe Stormwater Management 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: \_\_\_\_\_ Date: \_\_\_\_\_  
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 voluntarily 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 \_\_\_\_\_

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.