



Mecklenburg County Soil Erosion and Sedimentation Control Ordinance

Financial Responsibility/Ownership Form

No person shall initiate any land-disturbing activity covered by Section 6 of the Mecklenburg County, Mint Hill or Davidson Sedimentation and Erosion Control Ordinances prior to completing and filing this form with Mecklenburg County Land Use and Environmental Services. The financially responsible party will be on record as the party to accept any Notices of Violation or related documents for any non-compliance with the above Ordinances. If the financially responsible party is out of State, a North Carolina agent must be assigned.

Please Type or Print

PART A

1. Project where land-disturbing activity is to be undertaken: _____

2. Address of land-disturbing activity: _____

3. Approximate date land-disturbing activity will commence: _____
Month Day Year

4. Purpose of development (Residential, Commercial, Industrial, etc.): _____

5. Approximate acreage of land to be disturbed or uncovered: _____

6. Total site acreage: _____

7. Landowners of record (use blank pages to list additional owners as necessary):

Owner #1 Name: _____

Address: _____

Telephone: _____ Fax: _____

Email Address: _____

Owner #2 Name: _____

Address: _____

Telephone: _____ Fax: _____

Email Address: _____

8. Indicate Book and Page where the deed or instrument is filed (use blank pages to list additional deeds or instruments as necessary):

Book _____ Page _____ Book _____ Page _____

Book _____ Page _____ Book _____ Page _____

(continue on back or separate pages as necessary)

Continue - Financial Responsibility/Ownership Form

PART B

1. Person(s) or firm(s) financially responsible for this land-disturbing activity:

Person or Firm: _____

Address: _____

Telephone: _____ Fax: _____

Email Address: _____

2. North Carolina agent for the person or firm who is financially responsible:

Person or Firm: _____

Address: _____

Telephone: _____ Fax: _____

Email Address: _____

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

Printed Name

Title

Signature

Date

I, _____, a Notary Public of the
County of _____, State of _____, hereby
certify that _____ personally appeared
before me this day and under oath acknowledged that this form was executed by him/her.

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

Notary Signature: _____

My Commission expires: _____