



**Pitt County**  
**Planning Department**  
**Development Services Building**  
1717 W. 5<sup>th</sup> Street  
Greenville, North Carolina 27834-1696  
Telephone: (252) 902-3250  
Fax: (252) 830-2576

**James F. Rhodes, AICP**  
Director

**Financial Responsibility / Ownership Form**  
**Soil Erosion and Sedimentation Control Ordinance**

No person may initiate any land-disturbing activity on one or more contiguous acres as covered by the Act before this form and an acceptable erosion and sedimentation control plan have been completed and approved by the Pitt County Planning Department. (Please type or print and, if question is not applicable, place N/A in the blank.)

**Part A.**

1. Project Name \_\_\_\_\_
2. Location of land-disturbing activity: County \_\_\_\_\_  
City or Township \_\_\_\_\_, and Highway/Street \_\_\_\_\_
3. Approximate date land-disturbing activity will be commenced: \_\_\_\_\_
4. Purpose of development (residential, commercial, industrial, etc.): \_\_\_\_\_  
\_\_\_\_\_
5. Approximate acreage of land to be disturbed or uncovered: \_\_\_\_\_
6. Has an erosion and sedimentation control plan been filed? Yes \_\_\_ No \_\_\_
7. Person to contact should sedimentation control issues arise during land-disturbing activity:  
Name \_\_\_\_\_ Telephone \_\_\_\_\_
8. Landowner(s) of Record (Use blank page to list additional owners):  

Name(s)	Name(s)
Current mailing address	Street address
City State Zip	City State Zip
9. Recorded in Deed Book No. \_\_\_\_\_ Page No. \_\_\_\_\_

**Part B.**

1. Person(s) or firm(s) who are financially responsible for this land-disturbing activity (Use the blank page to list additional persons or firms):  

Name of person(s) or Firm(s)	Name(s)
Current mailing address	Street Address
City State Zip	City State Zip
Telephone	Telephone

2. (a) If the Financially Responsible Party is a Corporation, give name and street address of the Registered Agent.

_____	_____
Name(s)	
_____	_____
Current mailing address	Street Address
_____	_____
City State Zip	City State Zip
_____	_____
Telephone	Telephone

(b) If the Financially Responsible Party is a Partnership give the name and street address of each General Partner (Use blank page to list additional partners):

_____	_____
Name(s)	Name(s)
_____	_____
Current mailing address	Current mailing address
_____	_____
City State Zip	City State Zip
_____	_____
Telephone	Telephone

The above information is true and correct to the best of my knowledge and belief and was provided by me under oath. (This form must be signed by the financially responsible person if an individual or his/her attorney-in-fact or if not an individual by an officer, director, partner, or registered agent with authority to execute instruments for the financially responsible person). I agree to provide corrected information should there be any change in the information provided herein.

_____	_____
Type or print name	Title or Authority
_____	_____
Signature	Date

I, \_\_\_\_\_, a Notary Public of the County of \_\_\_\_\_ State of North Carolina, hereby certify that \_\_\_\_\_ appeared personally before me this day and being duly sworn acknowledged that the above form was executed by him.

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

\_\_\_\_\_  
Notary  
My commission expires \_\_\_\_\_.