



Pitt County
Planning Department
Development Services Building
1717 W. 5th Street
Greenville, North Carolina 27834-1696
Telephone: (252) 902-3250
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Jonas Hill
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)	_____ Street Address
_____ Current mailing 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 _____.