

**FINANCIAL RESPONSIBILITY/OWNERSHIP FORM
 SEDIMENTATION POLLUTION CONTROL ACT
 EXPRESS PERMITTING OPTION 08012007**

No person may initiate any land-disturbing activity on one or more acres as covered by the Act before this form and an acceptable erosion and sedimentation control plan have been completed and approved by the Land Quality Section, N.C. Department of Environmental Quality. Submit the completed form to the appropriate Regional Office. (Please type or print and, if the question is not applicable or the e-mail and/or fax information unavailable, place N/A in the blank.)

Part A.

1. Project Name _____
2. Location of land-disturbing activity: County _____ City or Township _____
 Highway/Street _____ Latitude _____ Longitude _____
3. Approximate date land-disturbing activity will commence: _____
4. Purpose of development (residential, commercial, industrial, institutional, etc.): _____
5. Total acreage disturbed or uncovered (including off-site borrow and waste areas): _____
6. Amount of fee enclosed: \$ _____. The Express Permitting application fee is a dual charge. The normal fee of \$65.00 per acre is assessed without a ceiling amount. In addition, the Express Permitting supplement is \$250.00 per acre up to eight acres, after which the Express Permitting supplemental fee is a fixed \$2,000.00 (Example: 9 acres total is \$2,585). NOTE: Both fees are rounded up to the next whole acre and need to be paid by separate checks to NCDENR.
7. Has an erosion and sediment control plan been filed? Yes _____ No _____ Enclosed _____
8. Person to contact should erosion and sediment control issues arise during land-disturbing activity:
 Name _____ E-mail Address _____
 Telephone _____ Cell # _____ Fax # _____
9. Landowner(s) of Record (attach accompanied page to list additional owners):

Name	Telephone	Fax Number
Current Mailing Address	Current Street Address	
City State Zip	City State Zip	
10. Deed Book No. _____ Page No. _____ Provide a copy of the most current deed.

Part B.

1. Company(ies) or firm(s) who are financially responsible for the land-disturbing activity (Provide a comprehensive list of all responsible parties on an attached sheet.) *If the company or firm is a sole proprietorship, the name of the owner or manager may be listed as the financially responsible party.*

Name	E-mail Address
Current Mailing Address	Current Street Address
City State Zip	City State Zip
Telephone _____	Fax Number _____

2. (a) If the Financially Responsible Party is not a resident of North Carolina, give name and street address of the designated North Carolina Agent:

_____			_____		
Name			E-mail Address		
_____			_____		
Current Mailing Address			Current Street Address		
_____	_____	_____	_____	_____	_____
City	State	Zip	City	State	Zip
Telephone_____			Fax Number_____		

- (b) If the Financially Responsible Party is a Partnership or other person engaging in business under an assumed name, **attach a copy of the Certificate of Assumed Name.** If the Financially Responsible Party is a Corporation, give name and street address of the Registered Agent:

_____			_____		
Name of Registered Agent			E-mail Address		
_____			_____		
Current Mailing Address			Current Street Address		
_____	_____	_____	_____	_____	_____
City	State	Zip	City	State	Zip
Telephone_____			Fax Number_____		

- (c) In order to facilitate **Express Permitting**, it is necessary to be able to contact the Engineer or other consultant who can assist in providing any necessary information regarding the plan and its preparation:

_____		_____	
Engineering Firm or other consultant		E-mail Address	
_____		_____	
Individual contact person (type or print)		Telephone	Fax Number
		_____	_____

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 attorney-in-fact, or if not an individual, by an officer, director, partner, or registered agent with the 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	
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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_____

Seal

Notary

My commission expires_____