

**JOHNSTON COUNTY FINANCIAL RESPONSIBILITY/OWNERSHIP FORM
SEDIMENTATION POLLUTION CONTROL ACT**

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 Johnston County Department of Public Utilities. (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: 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 application fee of \$380.00 per acre (rounded up to the next acre) is assessed for the first 10 acres and an additional \$125 per acre for each additional acre (rounded up to the next acre). Individual residential lots plans are \$100 per lot.
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. _____

Part B.

1. Person(s) or firm(s) who are financially responsible for the land-disturbing activity (Provide a comprehensive list of all responsible parties on an attached sheet):

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	_____ City
_____ State	_____ State
_____ Zip	_____ 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	_____ City
_____ State	_____ State
_____ Zip	_____ Zip
_____ 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
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_____ 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 _____