Financial Responsibility - Ownership Form

No person may initiate any land-disturbing activity covered by the Town of Cary Sedimentation and Erosion Control Ordinance before completing and filing this form with the Town of Cary Stormwater Division. Indicate N/A if a question is not applicable.

PROJECT NAME ____________________________________________________________

PROJECT LOCATION _________________________________________________________

APPROXIMATE DATE OF PROJECT INITIATION _________________________________

ACREAGE OF LAND TO BE DISTURBED _______________________________________

PERSON(S) OR FIRM(S) FINANCIALLY RESPONSIBLE FOR THIS LAND-DISTURBING ACTIVITY: (If out of state, a registered agent in North Carolina must be used.)

Name (Person or Firm)

Street Address (No PO Box)

City State Zip

Telephone Number

Fax Number

E-Mail Address

REGISTERED AGENT FOR THE PERSON OR FIRM WHO IS FINANCIALLY RESPONSIBLE:

Name

Street Address (No PO Box)

City State Zip

Telephone Number

Fax Number

E-Mail Address
The Town reserves the right to contact either the financially responsible person or registered agent listed below in case of violation. Please indicate your preference below.

________________________________________________________________________________________

Finacially Responsible Person

________________________________________________________________________________________

Registered Agent

THE ABOVE INFORMATION is true and correct to the best of my knowledge and belief and as 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 person if not an individual.

Type or Print Name

________________________________________________________________________________________

Signature

________________________________________________________________________________________

Title or Authority

________________________________________________________________________________________

Date

North Carolina

________________________________________________________________________________________

County

I, ____________________________, a Notary Public for __________________________ County, North Carolina, do hereby certify that __________________________ personally came before me this day and acknowledged that he is __________________________ of __________________________, and acknowledged, on behalf of __________________________, the due execution of the foregoing instrument.

Witness my hand and official seal, this the ______ day of ________________, 20 ___.

Notary Public

My commission expires __________________________, 20 ___.

TOWN OF CARY

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