

City of Charlotte Soil Erosion and Sedimentation Control Financial Responsibility/Ownership Form

No person shall initiate any land-disturbing activity covered by Article 28 of the Charlotte Unified Development Ordinance (UDO) before this form and an acceptable erosion and sedimentation control plan have been completed and approved by the City of Charlotte. The financially responsible party will be on record as the party to accept any Notices of Violation or related documents for any non-compliance with the UDO.

The following form must be filled out in its entirety, place N/A on any field intentionally left blank.

Part A.

1. Project Name:_____

2.	Address or parcel number of all parcels where land-disturbing activity is proposed:			
3.	Approximate date land-disturbing activity will commence:			
4.	Purpose of development (Residential, Commercial, Industrial, etc.):			
5.	Acreage of land to be disturbed or uncovered:			
6.	Total site acreage:			
7.	Landowners of record (use blank pages to list additional owners if necessary):			
Owner #1 Name:				
	Address:			
	Telephone: Fax:			
	Owner #2 Name:			
	Address:			
	Telephone: Fax:			

8. Include with this form a copy of the most recent deed for all parcels upon which land-disturbing activity is proposed. Indicate Book and Page where the deed or instrument is filed (use blank pages to list additional deeds or instruments as necessary):

Book:	Page:	Book:	Page:
Book:	Page:	Book:	Page:

Continue – Financial Responsibility/Ownership Form

Part B.

1. Person(s) or firm(s) financially responsible for this land-disturbing activity:

	Person or firm:				
	Street Address:				
		Fax:			
	Email Address:				
	form the landowner's signed and dat	arty or firm is not the owner of the land to be distu ed written consent for the applicant to submi act the anticipated land-disturbing activities.			
2.	North Carolina agent for the person or firm who is financially responsible (all companies doing business in North Carolina must be registered with the NC Secretary of State):				
	Person or firm:				
	Street Address:				
	Telephone: Fax:				
	Name of contact (if registered agent is a	company):			
	Email Address:				
	execute instruments for the financially r	· · · · · · · · · · · · · · · · · · ·			
PR	NTED NAME	TITLE			
SIC	NATURE	DATE			
I,		, a Notary Public of the County			
of,	, State of				
her	eby certify that	appeared before			
me	this day and under oath acknowledged th	at this form was executed by him/her.			
Wit	ness my hand and notarial seal this,	day of,			
20_					
Not	ary Signature:				
My	Commission expires:		Seal		