



**GUILFORD COUNTY
PLANNING AND DEVELOPMENT**

**Financial Responsibility/
Ownership Form**

No person may initiate any land-disturbing activity covered by the Guilford County Unified Development Ordinance before a Grading Permit is issued by the Soil Erosion Control Section. Issuance of a Grading Permit does not relieve the permittee of the obligation to obtain other licenses, permits and approvals as may be required by Federal, State, County or Municipal governments. This office must be notified in writing of the change of any information on this form.

PART A

1. Project Name: _____
2. Project Location: _____
3. Latitude (decimal degrees): _____ Longitude (decimal degrees): _____
4. Parcel ID: _____
5. Approximate date land-disturbing activity will begin: _____
6. Total acreage disturbed or uncovered (including off-site borrow and waste areas): _____
7. Person to contact should erosion and sediment control issues arise during land-disturbing activity:
Name: _____ Phone: _____
Email: _____
8. Landowner(s) of Record (attach SEC FRO, Addendum 1 to list additional owners):

Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Fax: _____
9. Deed Book No. _____ Page No. _____ *(Provide a copy of the most current deed).*



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PART B

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

Attach SEC FRO, Addendum 2 to list additional Financially Responsible parties.

Company Name: _____
Name: _____
Mailing Address: _____
City, State, Zip: _____
Street Address: _____
City, State, Zip: _____
Phone: _____
Email: _____
Fax: _____

Note: If the Financially Responsible Party is not the owner of the land to be disturbed, include with this form the landowner's signed and dated written consent for the applicant to submit a draft erosion and sedimentation control plan and to conduct the anticipated land disturbing activity.

2. (a) If the Financially Responsible Party is a domestic company registered on the NC Secretary of State business registry, give name and street address of the Registered Agent:

Name of Registered Agent: _____
Street Address: _____
City, State, Zip: _____
Phone: _____
Email: _____
Fax: _____

Name of Individual to Contact (if Registered Agent is a company)



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(b) If the Financially Responsible Party is not a resident of North Carolina, give name and street address of the designated North Carolina agent who is registered on the NC Secretary of State business registry:

Name of Registered Agent: _____
Street Address: _____
City, State, Zip: _____
Phone: _____
Email: _____
Fax: _____

Name of Individual to Contact if North Carolina Registered Agent is a company.

(c) If the Financially Responsible Party is engaging in business under an assumed name, give name under which the company is Doing Business As. If the Financially Responsible Party is an individual, General Partnership, or other company not registered and doing business under an assumed name, attach a copy of the Certificate of Assumed Name.

Company DBA Name

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(s) 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 Party). I agree to provide corrected information should there be any change in the information provided herein.

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/her.

Witness my hand and notarial seal, this _____ day of _____, 20_____

Notary Public

My Commission Expires _____

(Seal)