

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 degre	es):	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	d erosion and sediment co	ontrol issues arise during land-disturbing activity:
	Name:		Phone:
	Email:		
8.	Landowner(s) of Record	d (attach SEC FRO, Adder	ndum 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).



Company Name:

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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.

Name:	
Mailing Address:	
City, State, Zip:	
Street Address:	
City, State, Zip:	
Phone:	
Email:	
Fax:	
	ipated land disturbing activity. ible Party is a domestic company registered on the NC Secretary of State and street address of the Registered Agent:
Name of Registered Agent:	
Street Address:	
City, State, Zip:	
Phone:	
Email:	
Fax:	
Name of Individual to Contac	t (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 Ocute at if	North Constitut Desistant Amentical accounts
Name of Individual to Contact if	North Carolina Registered Agent is a company.
under which the company is Doi	Party is engaging in business under an assumed name, give name ng Business As. If the Financially Responsible Party is an individual, mpany not registered and doing business under an assumed name, f Assumed Name.
Company DBA Name	
	er, director, partner, or registered agent with the authority to execute ible Party). I agree to provide corrected information should there be any in. Title or Authority
Signature	Date
,	, a Notary Public of the County of,
State of North Carolina, hereby certify the need this day and being duly sworn acknown.	natappeared personally before wledged that the above form was executed by him/her.
Nitness my hand and notarial seal, this	day of, 20
	Notary Public
Mv	Commission Expires
(Seal)	·

SEC FRO Form Rev. 04/21/2025