

07.06 EROSION CONTROL FORMS AND CHECKLISTS

07.06.01 EROSION CONTROL FINANCIAL RESPONSIBILITY FORM

No person may initiate any land-disturbing activity as defined in Chapter 158 of the Monroe City Code prior to completion of this form, and an applicable and acceptable erosion and sedimentation control plan has been approved by the City of Monroe Engineering Department. (Please type or print)

Part I

1. Name of Project _____

2. Address where land disturbing activity will take place _____

3. Approximate date disturbing activity will commence _____ / _____ / _____

4. Purpose of development (residential, commercial, industrial, etc.) _____

5. Total acreage of land to be disturbed or uncovered _____

6. Amount of fee enclosed (fee will be the amount of current policies per acre multiplied by the total number of acres or any part of an acre from number 5. i.e. 7.28 acres equals 8 acres.) _____

7. Agent to contact should sediment control issues arise during land disturbing activity

Name _____ Phone _____

8. Landowner(s) of Record (use blank page to list additional owners)

Name _____ Name _____

Mailing Address _____ Mailing Address _____

Street Address _____ Street Address _____

Phone _____ Phone _____

Fax _____ Fax _____

9. Indicate Book and Page where deed of the property where land disturbing activity will take place is recorded (use blank page to list additional owners)

Book _____ Book _____

Page _____ Page _____

10. Tax Map Parcel Number where land disturbing activity will take place _____ -- _____ -- _____
_____ -- _____ -- _____
_____ -- _____ -- _____

Part II

- 1. Person(s) or firm(s) who are financially responsible for this land disturbing activity (use blank page to list additional owners)

Name _____	Name _____
Mailing Address _____	Mailing Address _____
_____	_____
Street Address _____	Street Address _____
_____	_____
Phone _____	Phone _____
Fax _____	Fax _____

- 2. A) If the Financially Responsible Party is not a resident of North Carolina, give name and address of a North Carolina Agent
Name of Registered Agent _____

Mailing Address _____

Street address	City	State	Zip
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Phone _____ Email _____ Fax _____

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 the name and street address of the Registered Agent:

Name of Registered Agent _____

Mailing Address _____

Street address	City	State	Zip
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Phone _____ Email _____ Fax _____

- 3. The above information is true and correct to the best of my knowledge and belief and was provided by me under oath. I agree to provide corrected information should there be any change in the information provided herein. (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 authority to execute instruments for the financially responsible person)

Type or Print Name _____ **Title** _____

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.

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

SEAL

(Notary)
My commission expires _____