



EROSION CONTROL FINANCIAL RESPONSIBILITY FORM

No person may initiate any land-disturbing activity as defined in Chapter 159 of the Town of Waxhaw Town Code prior to completion of this form, and an applicable and acceptable erosion and sedimentation control plan has been approved by the Development Services Department.
(Please type or print)

Part I

Name of Project: _____

Address where land disturbing activity will take place: _____

Approximate date disturbing activity will commence: _____

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

Total acreage of land to be disturbed or uncovered: _____

Amount of fee enclosed (show calculation): _____

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

Name: _____
Address: _____
State: _____ Zip code: _____
Phone: _____ Email: _____

Landowner(s):

Name: _____
Address: _____
State: _____ Zip code: _____
Phone: _____ Email: _____

Name: _____
Address: _____
State: _____ Zip code: _____
Phone: _____ Email: _____

Indicate Book and Page where deed of the property where land disturbing activity will take place is recorded:

Book: _____ Page: _____
Book: _____ Page: _____



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Book: _____ Page: _____

Book: _____ Page: _____

Indicate tax map and parcel number of the property where land disturbing activity will take place is recorded:

Tax Map: _____	Parcel: _____
Tax Map: _____	Parcel: _____
Tax Map: _____	Parcel: _____
Tax Map: _____	Parcel: _____

Part II

Person(s) or firm(s) who are financially responsible for the land disturbing activity:

Name: _____	
Address: _____	
State: _____	Zip code: _____
Phone: _____	Email: _____

Name: _____	
Address: _____	
State: _____	Zip code: _____
Phone: _____	Email: _____

Name: _____	
Address: _____	
State: _____	Zip code: _____
Phone: _____	Email: _____

If the financially responsible party is not a resident of North Carolina, give the name and address of a North Carolina Agent:

Name: _____	
Address: _____	
State: _____	Zip code: _____
Phone: _____	Email: _____

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 address of the registered agent.

Name: _____	
Address: _____	
State: _____	Zip code: _____
Phone: _____	Email: _____



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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)

Name: _____
Address: _____
State: _____ Zip code: _____
Phone: _____ Email: _____

I, _____, a Notary Public of _____
County, North Carolina, do hereby certify that _____ personally
appeared before me this day, and being duly sworn, stated that in his presence _____
_____ (signed) (acknowledged the execution of) the foregoing instrument.

Witness my hand and official seal, this the _____ day of _____, 20__.

(Official Seal) _____
Notary Public

My commission expires _____, 20__.