



TOWN OF KNIGHTDALE FINANCIAL RESPONSIBILITY/OWNERSHIP FORM SEDIMENTATION POLLUTION CONTROL ACT

No person may initiate any land-disturbing activity on one or more acres as covered by the Town of Knightdale Unified Development Ordinance before this form and an acceptable erosion and sedimentation control plan have been completed and approved by Town of Knightdale, Public Works Department, Stormwater Division. (Please type or print and, if the question is not applicable, place N/A in the blank.)

Part A.

1. Project Name _____
2. Location of land-disturbing activity: _____ (Town Limits or ETJ)
Highway/Street _____ Latitude _____ Longitude _____
3. Approximate date land-disturbing activity will commence: _____
4. Type of development (residential, commercial, industrial, institutional, etc.): _____
5. Total acreage disturbed or uncovered (including off-site utilities and borrow/waste areas): _____
6. Person to contact should erosion and sediment control issues arise during land-disturbing activity:
Name _____ E-mail Address _____
Phone # _____ Cell # _____
7. Landowner(s) of Record (attach accompanied page to list additional owners):

Name(s)	Telephone	E-mail address
Current Mailing Address	Current Street Address	
City State Zip	City State Zip	
8. Deed Book No. _____ Page No. _____ Provide a copy of the most current deed.

Part B.

1. Person(s) or firm(s) who are financially responsible for the land-disturbing activity (Provide a comprehensive list of all responsible parties on an attached sheet. Include requested information):

Name	E-mail Address
Current Mailing Address	Current Street Address
City State Zip	City State Zip

Phone # _____

2. (a) If the Financially Responsible Party is not a resident of Wake County, identify a designated agent in Wake County to receive any notice, process, pleading in any action or legal proceeding arising out of any matter relating to the Town of Knightdale Erosion and Sedimentation Control Ordinance and/or Land Disturbance Permit:

_____			_____		
Name			E-mail Address		
_____			_____		
Current Mailing Address			Current Street Address		
_____			_____		
City	State	Zip	City	State	Zip
Phone # _____					

- (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 name and street address of the Registered Agent:

_____			_____		
Name of Registered Agent			E-mail Address		
_____			_____		
Current Mailing Address			Current Street Address		
_____			_____		
City	State	Zip	City	State	Zip
Phone # _____					

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

_____		_____	
Type or print name		Title or Authority	
_____		_____	
Signature		Date	
-----		-----	

I, _____, a Notary Public of the County of _____

State of _____, 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 _____, 20_____

Seal

 Notary
 My commission expires _____