

FINANCIAL RESPONSIBILITY/OWNERSHIP FORM

SEDIMENTATION POLLUTION CONTROL ACT

WATER RESOURCES

105-B Upchurch Street

Town of Apex, North Carolina 27502

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No person may initiate any land-disturbing activity on twenty (20) thousand square feet or more before this form has been completed and filed with the Town of Apex Water Resources Department.

PART A

Name of Project: _____

Location of Land-Disturbing Activity: _____

Approximate Date Land-Disturbing Activity will Commence: _____

Acreage of Land to be Disturbed: _____

Latitude: _____ Longitude: _____

Land Owner(s) of Record (use blank page to list additional owners):

Name: _____

Name: _____

Current Mailing Address:

Current Mailing Address

City, State, Zip: _____

City, State, Zip _____

PART B

Person or firm financially responsible (developer) for this land disturbing activity. Financial responsibility includes, but may not be limited to: payment of civil fines and criminal penalties and any other costs associated with bringing the project into compliance with the Town of Apex Soil Erosion and Sedimentation Control Ordinance.

Name of Person or Firm: _____

Telephone: _____

E-mail: _____

Current Mailing Address:

Street Address (if different from mailing address)

City, State, Zip: _____

City, State, Zip _____

If the financially responsible party is not a resident of Wake County, complete the following for an appointed agent, in Wake County, to receive any notice, process, pleading in any action or legal proceeding arising from a violation of the Town of Apex Soil Erosion and Sedimentation Control Ordinance. By signing below, it is agreed that any notice, process, or pleading against the person or firm who is financially responsible for this land-disturbing activity may be served on the undersigned and shall be of the same force and effect as if served on the financially responsible person or firm. The intent of this provision is to establish the presumption that the constructive notice from the Town of Apex will be addressed through the undersigned agent.

Name: _____

Telephone: _____

Current Mailing Address:

Street Address (if different from mailing address)

City, State, Zip: _____

City, State, Zip _____

Signature: _____

If the financially responsible party is a partnership or other person engaging in business under an assumed name, complete Page 4 of this form, or attach a copy of the Certificate of Assumed Name or Partnership as recorded in the Register of Deeds. If the financially responsible party is a corporation, complete the information on Page 5 of this form and submit a current copy of the Annual Report as filed with the Secretary of State.

The information contained in this form is true and correct to the best of my knowledge and belief and was provided by me while under oath. (This form must be signed by the financially responsible person if an individual or by an officer, director, partner, or registered agent with authority to execute instruments for a corporation or partnership if it is the financially responsible party). I agree to provide corrected information should there be any change in the information provided herein.

Name: _____

Date: _____

Title or Authority: _____

Signature: _____

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

of North Carolina hereby certify that _____ personally appeared before me this day and under oath acknowledged that the above form was executed by him/her. Witness my hand and seal this

_____ day of _____, _____.

SEAL

Notary

My Commission Expires

Financial responsibility encompasses personal liability by the person signing this disclosure form, if a partner in a partnership or if an officer or director of a corporation which is either: (a) dissolved lawfully under North Carolina statutes; (b) suspended from transacting business in North Carolina by the North Carolina Secretary of State; (c) insolvent; (d) in bankruptcy; (e) undercapitalized to the extent it is unable to comply with the Soil Erosion and Sedimentation Control Ordinance; or (f) a "shell" corporation.

PART C

Contractors and/or subcontractors (person(s) or firm(s) engaging in the land-disturbing activity):

Name Person or Firm:

Name of Person or Firm:

Telephone: _____

Telephone: _____

Email:

Email:

Current Mailing Address:

Current Mailing Address

City, State, Zip: _____

City, State, Zip _____

The information contained in this form is true and correct to the best of my knowledge and belief was provided by me while under oath. (This form must be signed by the person or firm engaging in the land-disturbing activity of an individual or by an officer, director, general partner, attorney-in-fact, or other person with authority to execute instruments for the entity engaging in the land-disturbing activity if not an individual. I agree to provide corrected information should there be any change in the information provided herein.

Name: _____

Date: _____

Title or Authority: _____

Signature: _____

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

Carolina hereby certify that _____ personally appeared before me this day and under oath acknowledged that the above form was executed by him/her. Witness my hand and seal this

_____ day of _____, _____.

SEAL

Notary

My Commission Expires

**CERTIFICATE OF ASSUMED NAME OR PARTNERSHIP
(SEDIMENTATION POLLUTION CONTROL ACT)**

The undersigned, proposing to engage in business in Wake County, North Carolina, under an assumed name or partnership name, do hereby certify that:

The name under which the business is to be conducted is *(insert assumed or partnership name):*

The names and residences and mailing addresses of all the owners of the business are *(Insert name and address of each owner):*

IN WITNESS WHEREOF, this certificate is signed by each of the owners of said business, this _____ day of _____, _____.

Owner's from above Sign below:

**State of North Carolina
County of Wake**

I, _____ a Notary Public, do hereby certify that on this _____ day of _____, _____, personally appeared before me _____

who are all signers of the foregoing instrument, and each acknowledges the due execution thereof. IN WITNESS

WHEREOF, I have hereunto set my hand and official seal this _____ day of _____, _____

Notary

My Commission Expires

SEAL

Name of Corporation: _____

Name of registered agent, street address, mailing address of registered office in Wake County:

Name: _____

Street Address: _____

City, State, Zip: _____

Current Mailing Address: _____

City, State, Zip: _____

Enter first, middle, and last name of principal officers. Enter title and street address of principal officers.

Name and Title:

Name and Title:

Street Address:

Street Address:

City, State, Zip:

City, State, Zip:

Name and Title:

Name and Title:

Street Address:

Street Address:

City, State, Zip:

City, State, Zip:

Enter first, middle, and last name of directors. Enter title and street address of directors. Attach pages as necessary.

Name and Title:

Name and Title:

Street Address:

Street Address:

City, State, Zip:

City, State, Zip:

Name and Title:

Name and Title:

Street Address:

Street Address:

City, State, Zip:

City, State, Zip:
