



**Gaston County**  
**Gaston Natural Resources Department**  
1303 Cherryville Highway, Dallas, NC 28034 Telephone: 704-922-4181

**Soil Erosion & Sedimentation Control**  
**Financial Responsibility/Ownership**

No person may initiate any land-disturbing activity on one (1) or more acres of property in all portions of Gaston County, except for that property within the city limits of the incorporated municipalities of Gaston County who have not adopted the Gaston County Soil Erosion & Sedimentation Control Ordinance, before this form and an acceptable Soil Erosion & Sedimentation Control Plan have been completed and approved by the Gaston County Natural Resources Department's staff.

**(Please type or print and, if question is not applicable, place N/A in blank)**

**PART A:**

1. Project Name \_\_\_\_\_
2. Location of land-disturbing activity  
City \_\_\_\_\_ Highway/Street \_\_\_\_\_
3. Approximate date land-disturbing activity will commence \_\_\_\_\_
4. Purpose of development (residential, commercial, industrial, etc.) \_\_\_\_\_
5. Total acreage disturbed or uncovered (including off-site borrow and waste areas) \_\_\_\_\_
6. Amount of fee enclosed \$ \_\_\_\_\_
7. Soil Erosion & Sedimentation Plan Filed? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Landowner(s) of Record (Use blank page to list additional owners)

Name _____		
Mailing Address _____		
City _____	State _____	Zip _____
Telephone Number _____		

Name _____		
Mailing Address _____		
City _____	State _____	Zip _____
Telephone Number _____		

9. Indicate Deed Book and Page where deed(s) or instrument(s) are recorded  
Deed Book \_\_\_\_\_ Page \_\_\_\_\_  
Deed Book \_\_\_\_\_ Page \_\_\_\_\_
10. Tax Map No. \_\_\_\_\_ Block \_\_\_\_\_ Lot No. \_\_\_\_\_

**PART B:**

1. Person(s) or firm(s) who are financially responsible for this land-disturbing activity

_____		
Name		
_____		
Mailing Address		
_____	_____	_____
City	State	Zip
_____		
Telephone Number		

_____		
Name		
_____		
Mailing Address		
_____	_____	_____
City	State	Zip
_____		
Telephone Number		

2. If the Financially Responsible Party is not a resident of North Carolina, give name and street address of a North Carolina agent.

_____			
Name			
_____			
Mailing Address		Street Address	
_____	_____	_____	_____
City	State	Zip	Telephone Number

3. 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 Part is a Corporation give name and street address of the Registered Agent.

_____			
Name			
_____			
Mailing Address		Street Address	
_____	_____	_____	_____
City	State	Zip	Telephone Number

4. 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 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 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 \_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_  
Notary

SEAL

\_\_\_\_\_  
My Commission Expires

File: Financial Responsibility-Ownership Form.mw