



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

Stormwater
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 Stormwater Ordinance, before this form and an acceptable Stormwater 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 property.

| | | |
|------------------|-------|-----|
| Name | | |
| Mailing Address | | |
| City | State | Zip |
| Telephone Number | | |

| |
|-------------------------------------|
| Contact Name for Inspection Reports |
| Email Address |
| Telephone Number |
| Fax 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