

**07.06 EROSION CONTROL FORMS AND CHECKLISTS****07.06.01 EROSION CONTROL FINANCIAL RESPONSIBILITY FORM**

No person may initiate any land-disturbing activity as defined in Chapter 158 of the Monroe City Code prior to completion of this form, and an applicable and acceptable erosion and sedimentation control plan has been approved by the City of Monroe Engineering Department. (Please type or print)

**Part I**

1. Name of Project \_\_\_\_\_
2. Will there be any public funds allocated to this project? The allocation of public funds to a project requires the Erosion and Sedimentation Control plans to be reviewed and approved by the North Carolina Department of Environmental Quality. \_\_\_\_\_
3. Address where land disturbing activity will take place \_\_\_\_\_  
\_\_\_\_\_
4. Latitude (decimal degrees) \_\_\_\_\_ Longitude (decimal degrees) \_\_\_\_\_
5. Approximate date disturbing activity will commence \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
6. Purpose of development (residential, commercial, industrial, etc.) \_\_\_\_\_
7. Total acreage of land to be disturbed or uncovered, (include off site roadway improvements, utilities and borrow/waste areas) \_\_\_\_\_
8. Amount of fee enclosed (fee will be in accordance with current policy found in the City of Monroe Fee Schedule Ordinance, Chapter VII. Engineering/Public Works, Article A, Section 4. Charges and Fees. \_\_\_\_\_  
\_\_\_\_\_
9. North Carolina Registered Agent to contact should sediment control issues arise during land disturbing activity  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_
10. Landowner(s) of Record (use blank page to list additional owners)

If the landowner(s) of record is not the person(s) or firm(s) financially responsible as listed in Part II.B., a separate signed letter of consent to initiate land disturbing activity from the landowner(s) of record or their authorized agent will be required prior to approval of the Erosion Control Plans.

Name _____	Name _____
Mailing Address _____	Mailing Address _____
_____	_____
Street Address _____	Street Address _____
_____	_____
Phone _____	Phone _____
Email _____	Email _____

11. Indicate Book and Page where deed of the property where land disturbing activity will take place is recorded (use blank page to list additional owners)

Book \_\_\_\_\_

Book \_\_\_\_\_

Page \_\_\_\_\_

Page \_\_\_\_\_

12. Tax Map Parcel Number where land disturbing activity will take place \_\_\_\_\_--\_\_\_\_--\_\_\_\_\_

\_\_\_\_--\_\_\_\_--\_\_\_\_\_

\_\_\_\_--\_\_\_\_--\_\_\_\_\_

## Part II

1. Person(s) or firm(s) who are financially responsible for this land disturbing activity (use blank page to list additional owners)

Name \_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

2. A) If the Financially Responsible Party is not a resident of North Carolina, give name and address of a North Carolina Agent
- 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 the name and street address of the North Carolina Registered Agent:

Name of Registered Agent \_\_\_\_\_

Email Address \_\_\_\_\_

Current Mailing Address \_\_\_\_\_

Current Street Address \_\_\_\_\_

City State Zip

City State Zip

Phone \_\_\_\_\_

Email \_\_\_\_\_

3. 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)

Type or Print Name \_\_\_\_\_

Title \_\_\_\_\_

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 \_\_\_\_\_, \_\_\_\_\_.

SEAL

\_\_\_\_\_  
(Notary)

My commission expires \_\_\_\_\_