



**TOWN OF NAGS HEAD
FINANCIAL RESPONSIBILITY/OWNERSHIP FORM**

Part A.

1. Project Name _____
2. Location of land-disturbing activity: County _____ City or Township _____
Highway/Street _____ Latitude _____ Longitude _____
3. Approximate date land-disturbing activity will commence: _____
4. Purpose of development (residential, commercial, industrial, institutional, etc.): _____
5. Total acreage disturbed or uncovered (including off-site borrow and waste areas): _____
6. Amount of fee enclosed (Commercial Projects Only): \$ _____. The application fee is \$50.00/up to 1 acre + \$40/additional acre & revisions).
7. Has an erosion and sediment control plan been filed? Yes _____ No _____ Enclosed _____
8. Person to contact should erosion and sediment control issues arise during land-disturbing activity:
Name _____ E-mail Address _____
Telephone _____ Cell # _____ Fax # _____
9. Landowner(s) of Record (attach accompanied page to list additional owners):

Name Telephone Fax Number

Current Mailing Address Current Street Address

City State Zip City State Zip
10. Deed Book No. _____ Page No. _____ Provide a copy of the most current deed.

Part B.

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

Name E-mail Address

Current Mailing Address Current Street Address

City State Zip City State Zip
Telephone _____ Fax Number _____

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

_____			_____		
Name			E-mail Address		
_____			_____		
Current Mailing Address			Current Street Address		
_____			_____		
City	State	Zip	City	State	Zip
_____	_____	_____	_____	_____	_____
Telephone_____			Fax Number_____		

(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
_____	_____	_____	_____	_____	_____
Telephone_____			Fax Number_____		

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

Notary Public

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_____