

Financial Responsibility Ownership Form

Town of Boone Planning & Inspections Department

680 W. King Street, Suite C ♦ Boone, North Carolina 28607

Phone (828) 268-6960 ♦ Fax (828) 268-6961 ♦ Email: planning@townofboone.net ♦ www.townofboone.net



No person shall initiate any land-disturbing activity covered by Town's Unified Development Ordinance Article 20 Soil Erosion and Sediment Control prior to completing and filing this form with the Town's Planning and Inspections Department. The financially responsible party will be on record as the party to accept any Notices of Violation or related documents for any non-compliance of the Town's Soil Erosion and Sedimentation Control regulations. If the financially responsible party is out of State, a North Carolina agent must be assigned.

Please type or print and if a question is not applicable, place NA in the blank.

Address where land-disturbing activity is taking place: _____

Watauga County Parcel Identifications Number(s): _____

Longitude : _____ Latitude: _____

Approximate date land-disturbing activities will commence: _____

Approximate acreage of land to be disturbed or uncovered: _____

Purpose of development (residential, commercial, industrial, etc.): _____

Has an erosion control plan been filed? Yes No

Landowner(s) of record (use blank page to list additional owners):

Name: _____

Address: _____

Phone: _____

Email: _____

Indicate Book and Page where deed or instrument is filed:

Book: _____ Page: _____ Book: _____ Page: _____

Person to contact should sediment control issues arise during land-disturbing activity:

Name: _____

Address: _____

Phone: _____

Email: _____

Person(s) or firm(s) financially responsible for this land-disturbing activity:

Name: _____

Address: _____

Phone: _____

Email: _____

North Carolina agent, for the person or firm who is financially responsible:

Name: _____
Address: _____
Phone: _____
Email: _____

The above information is true and correct to the best of 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, attorney-in-fact, or other person with authority to execute instruments for the financially responsible company or entity, if not an individual.

Printed Name Title

Signature Date

I, _____, a Notary Public of the County of _____, State of _____, hereby certify that _____, personally appeared before me this day under oath, acknowledging that this form was executed by him/her.

Witness my hand and seal, this _____, day of _____, 20____.

Notary Signature: _____

My Commission Expires: _____

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