

**PLAN REVIEW/FINANCIAL RESPONSIBILITY/OWNERSHIP FORM**  
**CATAWBA COUNTY CODE OF ORDINANCES, CHAPTER 16 ARTICLE V**  
**SOIL EROSION AND SEDIMENTATION CONTROL**

No person may initiate any land-disturbing activity as covered by Chapter 31 of the Catawba County Code of Ordinances before this form and an acceptable erosion and sedimentation control plan have been completed and approved by the Catawba County Utilities and Engineering Department. *(Please type or print, and if question is not applicable, please N/A in the blank)*

**PART A**

1. Job Name
2. PIN or 911 Address
3. Purpose of development (residential, commercial, industrial, institutional, etc.)
4. Approximate soil disturbance date
5. Total acreage disturbed or uncovered (including off-site borrow and waste areas)
6. Has an erosion and sedimentation control been filed? ☐ Yes ☐ No

**PEOPLE**

7. Person to contact should erosion and sediment control issues arise during land-disturbing activity

Name  E-mail address   
Telephone  Cell #  Fax #

8. Landowner(s) of Record (attach accompanied page to list additional owners)

Name  Telephone  Fax #

Current Mailing Address

City  State  Zip

Current Street Address

City  State  Zip

9. Deed Book No.  Page No.

**PART B**

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

Name  E-mail address

Current Mailing Address

City  State  Zip

Current Street Address

City  State  Zip

Telephone  Fax #

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

City  State  Zip

Current Street Address

City  State  Zip

Telephone  Fax #

2. (b) If the financially responsible party is a Partnership or other person engaging in business under 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  E-mail address

Current Mailing Address

City  State  Zip

Current Street Address

City  State  Zip

Telephone  Fax #

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 of 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 acknowledge that the above form was executed by him.

Witness my hand and notary seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Seal

\_\_\_\_\_  
Notary  
My Commission expires \_\_\_\_\_