



# City of Henderson

## Engineering Department

Post Office Box 1434 • 134 Rose Ave.  
Henderson, NC 27536-1434

Phone: (252) 430-5728 / Fax: (252) 492-7935

<b>For City Use Only</b> Date Received: _____ From: _____
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### FINANCIAL RESPONSIBILITY/OWNERSHIP FORM STORMWATER PROGRAM

(Applicable ONLY to developments within the Tar-Pamlico River Basin and City Limits of Henderson)

No person may initiate any development activity covered by the City's Stormwater Ordinance before this form has been completed and filed with the appropriate Office of the City of Henderson, Engineering Department, Attn: Peter Sokalski, Director of Engineering.

#### Part A

- Name of Project: \_\_\_\_\_
- Location of land disturbing activity (Highway/Street/Address): \_\_\_\_\_
- Has Site Plan been submitted? Yes  No
- Purpose of activity (residential, commercial, industrial, etc.): \_\_\_\_\_
- Amount impervious surface proposed: \_\_\_\_\_ Ac. or \_\_\_\_\_ Sf.

- Has an Erosion & Sedimentation Control plan been filed? Yes  No

- Person to contact or send **copy** of inspection reports during construction who is responsible for implementation of measures:

Contact Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_ Cell No.: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

- Land Owner(s) of Record (use blank page to list additional owners):

	Owner 1	Owner 2
Name		
Current Mailing Address		
City/State/Zip Code		
Telephone No.		

- Indicate County, Book, and Page where deed or instrument is filed **and attach a copy of the deed with any restrictive covenants to this form** (use blank page to list additional deeds or instruments):

County \_\_\_\_\_ Book \_\_\_\_\_ Page \_\_\_\_\_

County \_\_\_\_\_ Book \_\_\_\_\_ Page \_\_\_\_\_

**Part B**

1. Person(s) or Firm(s) financially responsible for this land-disturbing activity:

	Person/Firm	Person/Firm
<i>Name</i>		
<i>Current Mailing Address</i>		
<i>City/State/Zip Code</i>		
<i>Telephone No.</i>		

2. Registered Agent, if any, for the person or firm financially responsible:

<i>Name</i>	
<i>Current Mailing Address</i>	
<i>City/State/Zip Code</i>	
<i>Telephone No.</i>	

3. The above information is true and correct to the best of my knowledge and belief and was provided by me while under oath. (This form must be signed by the financially responsible person if an individual and by an officer, director, partner, attorney-in-fact, or other person with authority to execute instruments for the financially responsible person if not an individual).

*Signature* \_\_\_\_\_  
*Printed Name* \_\_\_\_\_  
*Title or Authority* \_\_\_\_\_  
*Date* \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public of the County of \_\_\_\_\_, State of North Carolina, hereby certify that \_\_\_\_\_ personally before me this day and under oath acknowledge that the above form was executed by him.  
Witness my hand and notarial seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary: