

Stormwater Division

FINANCIAL RESPONSIBILITY - OWNERSHIP FORM

No person may initiate any land-disturbing activity covered by Cary's Sedimentation and Erosion Control Ordinance before completing and filing this form with the Cary Stormwater Division. Indicate N/A if a question is not applicable.

Section 1
PROJECT NAME:
PROJECT DEVELOPMENT PLAN #:
PROJECT LOCATION:
Property Tax ID#/PIN
Street Address
APPROXIMATE DATE OF PROJECT INITIATION:
ACREAGE OF LAND TO BE DISTURBED:
APPLICANT SUBMITTING PLAN: (must match the financially responsible party named in Section 2 of the Financial Responsibility/Ownership (FR/O) Form.)
Name (Person or Firm)
Section 2
PERSON(S) OR FIRM(S) FINANCIALLY RESPONSIBLE FOR THIS LAND-DISTURBING ACTIVITY: (If out of state, a registered agent in North Carolina must be used.)
Name (Person or Firm)
Street Address (No PO Box)
City State Zip
Cary

316 North Academy Street, Cary, NC 27513 Tel: 311 or 919-469-4000 outside Cary limits

PO Box 8005, Cary, NC 27512-8005 www.carync.gov

updated: 04/2023

Telephone Number		
Fax Number		
E-Mail Address		
REGISTERED AGENT FOR THE PE (If out of state, a registered agent in	RSON OR FIRM WHO IS FINANCIALLY RESPO	NSIBLE:
Name		
Street Address (No PO Box)		
City State Zip		
Telephone Number		
Fax Number		
E-Mail Address		
The Town reserves the right to contact below in case of violation. Please indi	ct either the financially responsible person or regis icate your preference below.	stered agent listed
Financially Responsible Person	ORRegistered Agent	
Section 3		
LANDOWNER OF RECORD:		
Name (Person or Firm)		
Property Tax ID#/PIN		
Street Address (No PO Box)		
City State Zip		
	Carv	

316 North Academy Street, Cary, NC 27513 Tel: 311 or 919-469-4000 outside Cary limits

Page 2 of 3 *updated: 04/2023*

STATEMENT OF LANDOWNER CONSENT:

representative of the owner of the property described above and provide my consent for the applicant cited in Section 1 above to submit an erosion control plan to the Town of Cary Stormwater Division and to			
conduct the planned land-disturbing activiti	ies on the property listed in Section 1 above.		
Name	Title or Authority		
Signature	Date		
Email	Telephone Number		
by me while under oath. (This form must	orrect to the best of my knowledge and belief and as provided be signed by the financially responsible person, if an tner, attorney-in-fact, or other person with authority to responsible person if not an individual.)		
Type or Print Name	Title or Authority		
Signature	Date		
I,	, a Notary Public of the County of,		
State of North Carolina, hereby certifies	that		
personally appeared before me this day executed by him/her.	and under oath acknowledged that the above form was		
Witness my hand and notarial seal, this	, day of,		
Seal	Notary Public		
	My commission expires		

In accordance with NCGS 113A-54.1(a), I hereby declare that I am the owner or legally authorized

316 North Academy Street, Cary, NC 27513 Tel: 311 or 919-469-4000 outside Cary limits PO Box 8005, Cary, NC 27512-8005 www.carync.gov

Page 3 of 3 *updated: 04/2023*

Cary