



City of Henderson

Engineering Department

Post Office Box 1434 • 900 S. Beckford Dr.

Henderson, NC 27536-1434

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

For City Use Only
Date Received: _____
From: _____
Fee Enclosed: _____

FINANCIAL RESPONSIBILITY/OWNERSHIP FORM STORMWATER PROGRAM

(Applicable ONLY to developments within the 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.: Clark L. Thomas, City Engineer.

A stormwater management review fee of \$400 is applicable and must be filed with this form.

Part A

1. Name of Project: _____

2. Location of land disturbing activity: Latitude: _____ Longitude: _____
(Highway/Street/Address) _____

3. Has Site Plan been submitted? Yes () No ()

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

5. Amount impervious surface proposed: _____ Ac. or _____ Sf.

6. Has an Erosion & Sedimentation Control plan been filed? Yes () No ()

7. 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: _____

8. 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.		
Email Address		

9. 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>		
<i>Email Address</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>	
<i>Email Address</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: