



BUNCOMBE COUNTY PLANNING & DEVELOPMENT

(828) 250-4830 - PlanningInfo@BuncombeCounty.org
www.buncombecounty.org/planning

FINANCIAL RESPONSIBILITY/ OWNERSHIP FORM FOR A STORMWATER PERMIT

INSTRUCTIONS: All sections must be completed. Section D must be completed in the presence of a Notary Public.

CASE NUMBER: _____

A. Existing Property Information

Project Name: _____

PIN (Numbers): _____

Latitude: _____ Longitude: _____ Amount of fee enclosed: \$ _____

Project Location - Highway/Street: _____

Proposed Use: Single Family Residence Multi-Family Vacation Rental Commercial/Industrial Other

Proposed Disturbed Area (Include offsite borrow and waste areas): _____ acre(s)

B. Applicant Contact Information

Name of Applicant: _____ State of Business Registration (if applicable): _____

Applicant's Point of Contact (for official correspondence): _____

Mailing Address: _____

Street address: _____

E-mail address: _____

Telephone: _____ Cell: _____ Fax: _____

C. Landowner(s) of Record

Name of Landowner(s) of Record: _____

Mailing Address: _____

Recorded in Deed Book No: _____ Page: _____

Name of Landowner(s) of Record: _____

Mailing Address: _____

Recorded in Deed Book No: _____ Page: _____

Note: If applicant is not landowner of record, provide executed Buncombe County Stormwater Agent Authorization Form

D. Certification

I, the undersigned, attest that I am the financially responsible party or an authorized representative with signatory authority for the financially responsible party, responsible for the installation, operation, and maintenance of the stormwater controls until ownership is conveyed for the above referenced project. I acknowledge receipt of a copy of the County of Buncombe Stormwater Management Ordinance and have thereby been advised of the requirements therein as well as the penalties and resources available to the County in the event of violation of the Ordinance. The above information is true and correct to the best of my knowledge and belief and was provided by me while under oath.

Financially Responsible Party: _____

Signature: _____ Date: _____

Name: _____ Title: _____

I, _____, a Notary Public for the County of _____,

State of _____, hereby certify that _____ personally appeared before me this day and under oath acknowledged that the above form was executed by him and is correct to the best of his knowledge and belief.

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

Notary _____

My Commission Expires _____

OFFICE Review Fee: \$ _____
USE Date Paid: _____

Permit No.: _____
Received by: _____

Check No: _____
Date Issued: _____

The County of Buncombe does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its programs or activities. Requests for appropriate auxiliary aids and services, when necessary to offer a person with a disability an equal opportunity to participate in or enjoy the benefits of County services, programs, or activities, may be made by contacting Buncombe County Erosion Control, (828) 250-4848. Buncombe County's TDD number is (828) 250-4001.