



City of Winston-Salem/Forsyth County Inspections Division
100 E. First Street, Suite 328, Winston-Salem, NC 27101

Financial Responsibility/Ownership Form
Erosion Control Ordinance

No person may initiate any land-disturbing activity exceeding 20,000 square feet for a single-family dwelling or 10,000 square feet for any other purpose, before this form and an acceptable erosion and sedimentation control plan have been completed and approved by the Erosion Control Section of the City of Winston-Salem/Forsyth County Inspections Division. Please type or print. If a question is not applicable, please place "N/A" in the blank space.

PART A

Project Name: Permit #

Location of Land-Disturbing Activity:
Latitude Longitude

Approximate Date to Commence Land-Disturbing Activity:

Purpose of Grading: 9 Commercial 9 Residential Multi-family
9 Other (No development proposed) 9 Residential Single Family lot
9 Residential Single Family Subdivision

Total Site Acreage: Acreage to be Disturbed: Permit Fee:

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

Name E-mail address

Telephone Cell # Fax #

Landowner of Record (use blank page to list additional owners):

Name Owners phone # Name Owners phone #

Street Address/P.O. Box Street Address/P.O. Box

City/State/Zip Code City/State/Zip Code

Tax Block #: Tax Lot #: Zoning: Zoning Approval:

Contractor Information Required Prior to Permit Issuance
North Carolina State Law requires that contractors be licensed to perform work valued at \$30,000 and higher.
All contractors must have a City of Winston-Salem contractor's ID#, available at no cost through the City's Revenue Office.

\$ Value of Grading Contract

City of W-S Contractor's ID #

Name of Primary Applicant (Grading Contractor)

Contractor's N. C. License Number

Street Address/P.O. Box

Contact Person for Contractor

City/State/Zip Code

Contact Person's Daytime Phone Number

**PART B**

1. Person(s) or firm(s) who are financially responsible for this land-disturbing activity (use blank page to list additional persons or firms). Contractors are not considered financially responsible for property not under their ownership.

.....  
**Name of Person or Firm**

.....  
**Name of Person or Firm**

.....  
**Street Address/P.O. Box**

.....  
**Street Address/P.O. Box**

.....  
**City/State/Zip Code**

.....  
**City/State/Zip Code**

.....  
**Daytime Telephone #**

.....  
**Daytime Telephone #**

2. If the financially responsible party is an out-of-state resident, give the name and street address of the registered in-state agent.

.....  
**Name of the Registered Agent**

.....  
**City/State/Zip Code**

.....  
**Street Address/P.O. Box**

.....  
**Daytime Telephone #**

3. If the financially responsible party is a partnership, give the name and address of each General Partner (use blank page to list additional partners).

.....  
**Name of the General Partner**

.....  
**Name of the General Partner**

.....  
**Street Address/P.O. Box**

.....  
**Street Address/P.O. Box**

.....  
**City/State/Zip Code**

.....  
**City/State/Zip Code**

.....  
**Daytime Telephone #**

.....  
**Daytime Telephone #**

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 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 or Authority**

.....  
**Signature**

.....  
**Date**

I, ....., a Notary Public of the County of .....,

State of North Carolina, do hereby certify that .....,

appeared personally before me this day and being duly sworn acknowledged that the above form was executed by him.

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

.....  
My commission expires: .....

.....  
Notary Public