



**PART B**

1. Person(s) or firms 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.

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Name of Person or Firm

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Name of Person or Firm

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Street Address/P.O. Box

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Street Address/P.O. Box

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City/State/Zip Code

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City/State/Zip Code

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Daytime Telephone #

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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.

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Name of the Registered Agent

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City/State/Zip Code

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Street Address/P.O. Box

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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).

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Name of the General Partner

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Name of the General Partner

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Street Address/P.O. Box

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Street Address/P.O. Box

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City/State/Zip Code

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City/State/Zip Code

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Daytime Telephone #

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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.

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Type or Print Name

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Title or Authority

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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 \_\_\_\_\_.

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Notary Public

My commission expires: \_\_\_\_\_