



City of Jacksonville

Erosion and Sedimentation Control Application

1. Applicant(s): _____
Address: _____
Phone Number: _____
Interest in property: _____
(Owner, developer, registered agent, manager, etc.)

2. ePlan Applicant Info: *(Information of the person who will be uploading documents to eplan)*
First Name: _____ Last Name: _____
Email Address: _____

3. Owner of Property: _____
(If not the applicant)
Address: _____
Fax Number: _____ Email: _____

4. Description of property:
 - a. Location of Property/Address: _____
 - b. Onslow County Deed Book: _____ Page Number: _____
 - c. Onslow County Map Book: _____ Page Number: _____
 - d. Total Acreage in Tract: _____
 - e. Acreage to be Disturbed: _____

5. Submit the following documentation to Planning and Permitting:
 - a. One original fully executed Financial Responsibility/Ownership Form. *(Attachment A)*
 - b. One copy of a completed checklist along with all required information and documentation. *(Attachment B)*
 - c. Check made out to the CITY OF JACKSONVILLE for the total amount due.
(\$225 for first acre plus \$125 for every additional acre or portion thereof based on the total disturbed acreage in the tract.)
 - d. Upload to eplan - Erosion control plan(s) along with all related details, calculations, and documents as required on the checklist.

Signature of Property Owner or Applicant

Date

(ATTACHMENT A)
FINANCIAL RESPONSIBILITY/OWNERSHIP FORM
SEDIMENTATION POLLUTION CONTROL ACT

No person may initiate any land-disturbing activity on one or more acres as covered by the Act before this form and an acceptable erosion and sedimentation control plan have been completed and approved by the Land Quality Section, N.C. Department of Environment and Natural Resources. (Please type or print and, if the question is not applicable or the e-mail and/or fax information unavailable, place N/A in the blank.)

Part A.

1. Project Name: _____
2. Location of land-disturbing activity: Onslow County City or Township: City of Jacksonville
Highway/Street: _____ Latitude: 34° Longitude: 77°
3. Approximate date land-disturbing activity will commence: _____
4. Purpose of development (residential, commercial, industrial, institutional, etc.): _____
5. Total acreage disturbed or uncovered (including off-site borrow and waste areas): _____
6. Amount of fee enclosed: \$ _____
The application fee of \$225.00 for the first acre plus \$125 for every additional acre (rounded up to the next acre) is assessed without a ceiling amount. (Example: 6.4-acre application fee is \$975).
7. Has an erosion and sediment control plan been filed? Yes No Enclosed
8. Person to contact should erosion and sediment control issues arise during land-disturbing activity
Name: _____ E-mail Address: _____
Telephone #: _____ Cell #: _____ Fax #: _____
9. _____
Current Mailing Address _____ Current Street Address _____

City State Zip City State Zip
10. Deed Book: _____ Page Number: _____ (Provide a copy of the most current deed)

Part B.

1. Person(s) or firm(s) who are financially responsible for the land-disturbing activity
(Provide a comprehensive list of all responsible parties on an attached sheet):

Name E-mail Address

Current Mailing Address Current Street Address

City State Zip City State Zip

Telephone #: _____ Cell #: _____ Fax #: _____

2. (a) If the Financially Responsible Party is not a resident of North Carolina, give name and street address the designated North Carolina Agent:

Name			E-mail Address		
Current Mailing Address			Current Street Address		
City	State	Zip	City	State	Zip
Telephone #:		Cell #:	Fax #:		

(b) If the Financially Responsible Party is a Partnership or other person engaging in business under an assumed name, **attach a copy of the Certificate of Assumed Name.** If the Financially Responsible Party is a Corporation, give name and street address of the Registered Agent:

Name			E-mail Address		
Current Mailing Address			Current Street Address		
City	State	Zip	City	State	Zip
Telephone #:		Cell #:	Fax #:		

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 the 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, 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 _____

Seal

Notary
My commission expires _____