



## **FINANCIAL RESPONSIBILITY / OWNERSHIP FORM**

No person may initiate any land-disturbing activity, as defined in the Stormwater Management and Sediment Control Ordinance of York County, before this form, along with all other applicable forms and plans have been submitted and a grading permit has been issued.

### **PART A:**

1. Location of land-disturbing activity: \_\_\_\_\_
2. Approximate date land-disturbing activity will begin: \_\_\_\_\_
3. Purpose of development (residential, commercial, industrial, etc.): \_\_\_\_\_
4. Approximate area of land to be disturbed: \_\_\_\_\_ acres
5. Land owner(s) of record (Use blank page to list additional owners.):

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Number/Email

\_\_\_\_\_  
Telephone Number/Email

6. Indicate County, Book and Page where deed or instrument is filed (Use blank page to list additional deeds or instruments):

County: \_\_\_\_\_

Book: \_\_\_\_\_

Page: \_\_\_\_\_

County: \_\_\_\_\_

Book: \_\_\_\_\_

Page: \_\_\_\_\_

**PART B:**

1. Person or firm who is financially responsible for this project.

\_\_\_\_\_  
Name of Person or Firm

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Telephone Number/Email

\_\_\_\_\_  
City State Zip

2. Registered agent, if any, for the person or firm who is financially responsible:

\_\_\_\_\_  
Name

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Telephone Number/Email

3. The above information is true and correct to the best of my knowledge and belief and was provided by me while under an 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 the authority to execute instruments for the financially responsible person if not an individual.)

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title of Authority

\_\_\_\_\_  
Date

**NOTARY:**

I, \_\_\_\_\_, a Notary Public of the County of \_\_\_\_\_, State of South  
Carolina, hereby certify that \_\_\_\_\_ personally before me this day and under oath  
acknowledged that the above form was executed by him/her.

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

Notary \_\_\_\_\_ My Commission expires \_\_\_\_\_