



**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 \_\_\_\_\_