



TOWN *of* WAKE FOREST

Individual Lot Land Disturbance Financially Responsible Ownership Form

All builders and developers disturbing land in a subdivision (common plan of development) are required to have a Land Disturbance Permit, even if the disturbance is less than one acre. Erosion Control measures must be installed prior to any grading or construction on site. The site shall be inspected for maintenance needs weekly and after each storm event, whichever is sooner. Please refer to the NC Erosion and Sediment Control Planning and Design Manual for specific guidance as it relates to installation and maintenance. Additional details regarding Erosion and Sediment Control can be found in the Unified Development Ordinance under Section 12.3.

Land Disturbance Fee: The application fee of \$65 per lot is due at the time of submittal.

**Town of Wake Forest fees and charges are subject to changes without notice. Please call 919-435-9510 to confirm current fees and charges.*

Please contact the Town of Wake Forest Engineering Department regarding any questions at 919-435-9510, or email Jessica Watkins at jwatkins@wakeforestnc.gov.

Project Information

Project Name: _____

Tax Pin Number: _____ Zoning: _____

Location/Address of Tract: _____

Subdivision: _____

Deed Book: _____ Page: _____

Lots Number(s): _____

Total Number of Lots: _____ Total Tract Acreage: _____

Total Acreage Disturbed (including off-site utilities and roadwork): _____

Fee: Total Number of Lots * \$65/lot = _____

Property Owner

Please list any additional property owners on an attached sheet

Name: _____

Email: _____ Phone: _____

Address: _____

Contact Person

Person to contact in the event of erosion and sediment control issues

Name: _____

Email: _____ Phone: _____

Address: _____

Financially Responsible Owner

Please list any additional FRO information on an attached sheet

Name: _____

Email: _____ Phone: _____

Address: _____

North Carolina Agent

Please include if the FRO above is not a resident of North Carolina

Name: _____

Email: _____ Phone: _____

Address: _____

Partnership or Assumed Name

If the FRO is a partnership or other person engaging in business under an assumed name, attach a copy of the certificate of assume name. If the FRO is a corporation, provide contact information.

Name: _____

Email: _____ Phone: _____

Address: _____

Plan Preparation By

Name: _____

Email: _____ Phone: _____

Address: _____

Signatures

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.

The above information is true and correct to the best of my knowledge and belief and was provided by me under oath. I agree to provide corrected information should there be any change in the information provided herein.

Name: _____

Title or Authority: _____ Date: _____

Signature: _____

I, _____, Notary Public of
the county of _____, State of North Carolina, hereby certify
that _____ appeared personally before me
on 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_____.

Notary Name: _____

Commission Expires: _____

Notary Signature: _____

Notary Seal:

