



**WAKE COUNTY 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 Wake County Unified Development Ordinance before this form and an acceptable erosion and sedimentation control plan have been completed and approved by Wake County Department of Environmental Services, Water Quality Division. (Please type or print and, if the question is not applicable, place N/A in the blank.)

**Part A.**

- Project Name VINEYARD PINE COMMERCIAL
- Location of land-disturbing activity: Jurisdiction RAESVINE (Wake Co. or Municipality)  
Highway/Street VINEYARD PINE LAKE Latitude 35.906033 Longitude -79.688333
- Approximate date land-disturbing activity will commence: JANUARY 2024
- Type of development (residential, commercial, industrial, institutional, etc.): COMMERCIAL
- Total acreage disturbed or uncovered (including off-site utilities and borrow/waste areas): 1.39
- Person to contact should erosion and sediment control issues arise during land-disturbing activity:  
Name KATIE GETTLE, PE E-mail Address K?GETTLE@Gmail.com  
Telephone \_\_\_\_\_ Cell # 919-210-3934 Fax # \_\_\_\_\_
- Landowner(s) of Record (attach accompanied page to list additional owners):  
MRR DEVELOPMENT, LLC 330-573-4030  
Name(s) \_\_\_\_\_ Telephone \_\_\_\_\_ Fax or E-mail address \_\_\_\_\_  
10121 CAPITAL BLVD \_\_\_\_\_  
WAKE FOREST NC \_\_\_\_\_  
Current Mailing Address \_\_\_\_\_ Current Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- Deed Book No. 13576 Page No. 2705 Provide a copy of the most current deed

**X Part B.**

- 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. Include requested information):  
Name Omar EL-Kaissi E-mail Address Omar@MaineKeNC.com  
Current Mailing Address 10121 Capital Blvd. Current Street Address Same  
City Wake Forest NC State NC Zip 27587 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone (330) 573-4030 Fax Number \_\_\_\_\_


2. (a) If the Financially Responsible Party is not a resident of Wake County, identify a designated agent in Wake County to receive any notice, process, pleading in any action or legal proceeding arising out of any matter relating to the Wake County Erosion and Sedimentation Control Ordinance and/or Land Disturbance Permit:

|                               |             |           |                              |             |           |
|-------------------------------|-------------|-----------|------------------------------|-------------|-----------|
| Name _____                    |             |           | E-mail Address _____         |             |           |
| Current Mailing Address _____ |             |           | Current Street Address _____ |             |           |
| City _____                    | State _____ | Zip _____ | City _____                   | State _____ | Zip _____ |
| Telephone _____               |             |           | Fax Number _____             |             |           |


- (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 of Registered Agent _____ |             |           | E-mail Address _____         |             |           |
| Current Mailing Address _____  |             |           | Current Street Address _____ |             |           |
| City _____                     | State _____ | Zip _____ | City _____                   | State _____ | Zip _____ |
| Telephone _____                |             |           | Fax Number _____             |             |           |

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.

|   |                                     |
|---|-------------------------------------|
|  <u>Omar El Kaissi</u><br>Type or print name | <u>Member</u><br>Title or Authority |
| <u>[Signature]</u><br>Signature   | <u>8/28/2023</u><br>Date            |

I, MARTIN BURGIE, a Notary Public of the County of WAKE

 State of North Carolina, hereby certify that Omar EL KAISSI 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 28<sup>th</sup> day of Aug, 2023



[Signature]  
Notary  
My commission expires 1-31-25