

City of Saluda



APPLICATION FOR ZONING PERMIT

Applicant: _____ Date Submitted: _____

Mailing Address: _____

Telephone Number: _____

Project Location: _____

Lot Dimensions: _____

Zoning Classification: _____ Parcel# _____

MAIN STRUCTURE

Gross Floor Space: _____ # of Floors: _____

Type of Use: _____ Height: _____

Set Backs (Required/Proposed)

Front ____/____ Left ____/____ Right ____/____ Rear ____/____

Estimated Cost:\$ _____

ACCESSORY STRUCTURE

Gross Floor Space: _____ Type of Use: _____

Set Backs (Required/Provided)

Front ____/____ Left ____/____ Right ____/____ Rear ____/____

Estimated Cost:\$ _____

I certify that all the information provided in this application is accurate and a true description of the proposed project. Any significant changes will require the submittal of a new application.

Applicant's Signature: _____ Date: _____

Date Received: _____

Received By: _____

Fee Paid: _____

Application#Z _____