

CITY OF SALUDA

NORTH CAROLINA

ZONING PERMIT

Date	_Permit#
Tax Lot No	Zoning District

MAYOR

Fred Baisden

CITY MANAGER

Steven Orr

COMMISSIONERS

Mark Oxtoby Paul C. Marion Stan Walker Melanie Talbot

ApplicantPhone #_		Email			
Mailing AddressCity_		State	Zip Code_		
Contractor Phone #_		Email			
AddressCity_		State	Zip Code_		
Type of Work		Cost of Work			
Owner Initial					
1. Applicant shall be responsible for obtaining inspections required by Polk/Henderson County in a ti		/Henderson County Pe	ermits, and for s	scheduling th	
2. All construction work shall comply with the submission and approval of construction plans and spenerewith must be approved in advance by the city.	* *			-	
3. Any damage to streets or sidewalks incurred completion of project. Changes in surface water drains devices. Owner to submit proof of underground Utility	age shall be acc	ommodated by culver			
4. Applicant must secure a Certificate of Zonin before changing the use of an existing structure.	ıg Compliance b	efore occupying the b	uilding or part t	:hereof, or	
5. This permit shall expire 6 months after date of work for a period of 6 months.	e of issuance if w	ork has not commenc	ed, or upon dis	continuance	
6. This Zoning Permit will be subject to the profor any land disturbance or construction affected yard	•	•			
R-O-W Encroachment Agreement may be required wi	•				
Applicant's Name					
CITY ZONING APPROVAL 1. Saluda Zoning Permit			Date		
2. Footing Location	Signed		Date		
3. Foundation Location					
4. Certificate of Compliance	Signed		Date		
One copy of this Zoning Permit shall be posted	in a weatherp	roof Official	<u>/ Use</u> Paid _	YN	