



CITY OF SALUDA

NORTH CAROLINA

Land Development and Clearing Permit

Date _____ Tax Map/Parcel # _____ --- _____ Permit # _____

Property Owner _____ (Subject Property Address) _____

Mailing Address _____ City _____ State _____ Zip _____

E-mail _____ Contact# _____

Applicant/Contractor Name _____ Contact # _____

Email _____ Contractor Address _____ City _____ State _____ Zip _____

How many square feet of disturbance? _____ (IF GREATER THAN 43,560 SQUARE FEET APPLICANT MUST SUBMIT NCDEQ APPROVED PLAN BEFORE ISSUANCE OF LAND DEVELOPMENT and CLEARING PERMIT)

Work to begin (Date) _____ Clearing/Tree Removal Involved? ____ Yes ____ No

Power Company _____

Sewer: ____ Saluda ____ Septic Tank ____ Community System ____ Other _____

Water: ____ Saluda ____ Well ____ Community System ____ Other _____ Telephone _____ Cable _____

Underground Utility Locates Completed? ____ Yes ____ No (Submit Site Plan with Locations)

The undersigned hereby certifies that he/she is either the owner or the authorized applicant of the owner and hereby makes application for permit and inspection of work described and agrees to comply with all applicable ordinances and laws regulating the work. NOTE: IT IS THE **OWNERS** RESPONSIBILITY TO COMPLY WITH CLEARING AND EROSION CONTROL MEASURES PRIOR TO LAND DISTURBING ACTIVITIES AND THE OWNER/APPLICANT IS HEREBY REMINDED TO CALL THE CITY OF SALUDA FOR INSPECTIONS UPON COMPLETION OF (1) MARKING THE PERIMETER OF THE DISTURBANCE, (2) PLACEMENT OF EROSION CONTROL MEASURES, (3) HAUL ROAD SURFACE STABILIZATION, (4) CLEARING OF TREES (5) FINAL GRADE AND STABILIZATION MEASURES INCLUDING DRAINAGE PIPES AND DITCHLINE RESTORATION. THIS PERMIT IS VALID FOR 6 MONTHS AFTER COMPLETION OF THE WORK MENTIONED HEREIN AND WITH EACH APPLICABLE INSPECTION. (THE PERMIT IS NOT TO EXCEED A CONTIGUOUS 18 MONTH TIMEFRAME)

OWNER NAME

OWNER SIGNATURE

DATE

AUTHORIZED APPLICANT NAME

AUTHORIZED APPLICANT SIGNATURE

DATE

CHANGES OF NC LICENSED CONTRACTOR(S) PERFORMING WORK WITHOUT HAVING NOTIFIED THE CITY OR OWNERSHIP NAME CHANGES TO OTHERS THAN THAT NAMED ON THE APPLICATION WILL BE BASIS FOR REVOCATION OF THIS PERMIT.

(A City of Saluda, NC Right of Way Encroachment Agreement may be required with this permit)

<p>Official Use Only Work Permitted? ____ Y ____ N Permit Fee \$ _____ Paid ____ Y ____ N</p> <p>Application Approved By _____ Date _____</p>
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