



CITY OF SALUDA

NORTH CAROLINA

Property Rezoning/Conditional Use Application

Date of Application _____
Previously Submitted? ___ Yes ___ No
Type of Request ___ Rezoning ___ Conditional Use
Site Plan Attached? ___ Yes ___ No

Parcel # _____ Deed Book/Page _____ Tract Size (Acres) _____
Location of Property _____

(If subject area contains multiple parcel numbers, please attach a list and the above parcel information for each tract or individual parcel numbers.)

Attached is:

___ A description of the property in question sufficient to unequivocally describe and identify said property. Such description may take the form of a property survey, a legal description or legible copy of a Polk County GIS or composite tax map.

Current Zoning District _____ Requested Zoning District _____

Property Owner Name _____ Email _____

Contact # _____ Address _____ City _____ State ___ Zip _____

Applicant Name _____ Email _____

Contact # _____ Address _____ City _____ State ___ Zip _____

I certify that the information shown above is true and accurate and is in conformance with the Zoning Ordinance of the City of Saluda.

APPLICANT NAME (OWNER OR AGENT)

APPLICANT SIGNATURE (OWNER OR AGENT)

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|--|
| Official Use Only Permit Fee \$ _____ Paid ___ Y ___ N Method ___ Application Received By _____ Application Approved By _____ Date _____ |
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