



CITY OF SALUDA

NORTH CAROLINA

Subdivision/Recombination Application

_____ Date Submitted _____ Subdivision Name _____ Application # _____

Circle all that apply: Subdivision Recombination Residential Commercial

Property Owner(s) Name _____ Phone # _____

Address _____ City _____ State ____ Zip _____

Owner's Agent _____ Phone # _____

Parent Property PIN _____ Deed Book/Page _____ Tract Size _____

Zoning District _____ Fire District _____

Location of property to be divided _____

Average Lot Size _____ # of Lots as a Result of Land Division _____

Road System: Public ____ Private ____ Combination Public/Private ____

Water System: Private Well ____ Community Well ____ City ____

Sewer System: Septic ____ City ____

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

Signature _____

Subdivision Preliminary Plat Approval/Conditions _____

<i>Official Use Only</i> Application # _____ Fee \$ _____ Paid ____Y ____N Final Plat Approved by _____ Date _____
