CITY OF SALUDA

**MAYOR**

Fred Baisden

**CITY MANAGER**

Jonathan Cannon

**COMMISSIONERS**

Mark Oxtoby

Paul C. Marion

Stan Walker

Bob Ross

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 CONTIGOUS 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.

***Official Use Only***Work Permitted? \_\_\_Y \_\_\_NPermit Fee $\_\_\_\_\_\_\_\_\_ Paid \_\_\_Y \_\_\_NApplication Approved By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_