



CITY OF SALUDA

NORTH CAROLINA

Subdivision/Recombination Application

MAYOR
Fred Baisden
CITY MANAGER
Steven Orr
COMMISSIONERS
Mark Oxtoby
Paul C. Marion
Stan Walker
Melanie Talbot

_____ 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 _____

Official Use Only	Application # _____	Fee \$ _____	Paid ___Y___N
Final Plat Approved by _____	Date _____		