



# CITY OF SALUDA

NORTH CAROLINA

## Subdivision/Recombination Application

**MAYOR**

Fred Baisden

**CITY MANAGER**

Jonathan Cannon

**COMMISSIONERS**

Mark Oxtoby

Paul C. Marion

Stan Walker

Bob Ross

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 \_\_\_\_\_