

TOWN OF SALUDA
Zoning Permit Application

Date Filed _____ Application No. _____

Instructions

If the applicant is not an owner, the owner(s) must sign the Designation of Agent section.

THE APPLICANT HEREBY REQUESTS a zoning permit pursuant to Section _____ of the Zoning Ordinance to use the property described below in the following manner:

APPLICANT(S) [print]: _____

Address: _____

Telephone: Work: _____ Home: _____

Interest(*circle one*): Owner Agent of Owner Other: _____

OWNER(S) [if other than Applicant(s)]: _____

Address: _____

Telephone: Work: _____ Home: _____

[Use reverse side if more space is needed]

PROPERTY ADDRESS: _____

Lot Dimensions _____ Area _____

Tax Map No. _____ Plat Book _____ Page _____

Zoning District _____

DESIGNATION OF AGENT [*complete only if owner is not applicant*]: I (We) hereby appoint the person named as Applicant as my (our) agent to represent me (us) in this request for a zoning permit.

Date: _____ Owner signature(s): _____

I (We) certify that the information in this request is correct.

Date: _____ Owner signature(s): _____

Date: _____ Approved _____ Disapproved (Reason): _____

Zoning Administrator signature: _____