SALUDA COUNTY
DRIVEWAY APPLICATION

APPLICANT NAME:_____ COUNTY ROAD #: _____
APPLICANT ADDRESS:_____ COUNTY ROAD NAME:
_____ _____
_____
TELE. NO._____

PLEASE LIST USE OF DRIVEWAY: (RESIDENCE OR AGRICULTURAL)

_____ (IF RESIDENCE THE FOLLOWING ARE NEEDED)
1. COPY OF BUILDING PERMIT, SEPTIC TANK PERMIT, OR SEWER/WATER TAP RECEIPT
2. COPY OF PLAT OR DEED AND TITLE OF OWNERSHIP.

_____ (IF AGRICULTURAL THE FOLLOWING ARE NEEDED)
1. COPY OF PROPERTY PLAT OR DEED AND TITLE OF OWNERSHIP.
2. SIGNED STATEMENT.
THIS PROPERTY WILL BE USED FOR AGRICULTURAL PURPOSES ONLY.
SIGNED:_____ DATE:_____

LOCATION:_____

_____

_____

APPLICANT NAME: (PLEASE PRINT)_____

APPLICANT SIGNATURE:_____DATE:_____

SPECIAL PROVISIONS:_____

_____

_____

TO BE MARKED:_____

DATE RECEIVED:_____ ESTIMATED DAYS TO COMPLETE:_____

PRE-INSPECTION_____

DATE COMPLETED:_____ EMPLOYEE SIGNATURE:_____

POST-INSPECTION_____