



**ROADS AND BRIDGES DEPARTMENT OF SALUDA COUNTY**  
**175 Public Safety Dr, Saluda SC 29138**  
**Phone: (864) 445-2106**  
**Fax: (864) 445-3913**

**APPLICATION FOR PERMIT FOR UTILITIES**

APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

COUNTY: \_\_\_\_\_

ROAD NAME/NUMBER: \_\_\_\_\_

1. THE UNDERSIGNED APPLICANT HEREBY APPLIES TO THE SALUDA COUNTY ROADS & BRIDGES DEPARTMENT FOR A WORK PERMIT FOR THE EXPRESS PURPOSE OF INSTALLING OR REPAIRING UTILITY LINES OR PIPES ON ABOVE ROAD.

2. DESCRIPTION OF EXACT LOCATION:

KNOW ALL MEN BY THESE PRESENT THAT I, (WE) THE SALUDA COUNTY ROADS & BRIDGES DEPARTMENT DO HEREBY GRANT TO:

\_\_\_\_\_  
\_\_\_\_\_

PERMISSION TO DO THE WORK AS OUTLINED BELOW PROVIDING THAT, UPON COMPLETION THE WORK AREA IS RETURNED TO ORIGINAL OR BETTER CONDITION.

\_\_\_\_\_  
SUPERINTENDENT OF R&B DEPT.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
WITNESS

SPECIAL PROVISIONS: \_\_\_\_\_

\_\_\_\_\_

**Permit Expires 180 days from the date of issuance (renew within 30 days of expiration)**