

TOWN OF SALUDA
Zoning Map Amendment (Rezoning Application)

Date Filed _____ Request No. _____

Instructions

A zoning map amendment may be initiated by the property owner(s), Planning Commission, Zoning Administrator, or Town Council.

If the application is on behalf of the property owner(s), all owners must sign. If the applicant is not an owner, the owner(s) must sign the Designation of Agent section.

THE APPLICANT HEREBY REQUESTS that the property described below be rezoned

from _____ to _____.

APPLICANT(S) [print]: _____

Address: _____

Telephone: Work: _____ Home: _____

Interest: ___ Owner(s) ___ Agent of Owner(s) ___ Other: _____

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

Address: _____

Telephone: Work: _____ Home: _____

[Use reverse side if more space is needed]

PROPERTY ADDRESS: _____

Lot _____ 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 rezoning.

Date: _____ Owner signature(s): _____

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

Date: _____ Owner signature(s): _____
