

***SALUDA COUNTY BUILDING CODE  
APPEAL FORM***

DATE FILED \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

NAME OF CONTRACTOR: \_\_\_\_\_  
LICENSE NO: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

BASIS FOR APPEAL:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LAWS OR BUILDING CODE  
SUPPORTING YOUR APPEAL:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST OF WITNESSES:  
\_\_\_\_\_  
\_\_\_\_\_

OWNER/CONTRACTOR SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

ATTACH ADDITIONAL SHEETS IF NECESSARY.