



Saluda County Emergency Management
 GIS and E911 Addressing
 175 Public Safety Dr.
 Saluda, SC 29138
 PH: (864) 445-2529 x5

FAX: (864) 445-3913

Saluda County Road Naming Application

All unnamed roads used as egress for 3 or more properties will be named either by petition of owners or assignment by Saluda County.

Guidelines:

- 1 - The Saluda County Road Naming Application must be submitted with a plat or map that relates the location of the road showing the proposed name.
- 2 - Duplicate or similar names shall not be allowed within Saluda County or the same zip code area.
- 3 - The name shall be limited to 15 characters, including spaces.
- 4 - Dead end roads shall have a suffix of Court, Lane, Place, or Way so as not to be misleading to an emergency vehicle looking for a cut-through to another street.
- 5 - Full proper names shall not be allowed.
- 6 - If a road affects multiple properties, the road name requires a minimum of 75% of the property owners' agreement to the proposed name by signature on the road naming application. If two or more persons are listed as owners of a single property, then only one signature will be counted toward the 75%. Each owner had only one vote no matter the amount of property.
- 7 - Approval of a road name does **NOT** imply the road will be maintained by the Saluda County Roads and Bridges Department or SCDOT. The applicant will need to contact those offices directly to obtain information on those requirements.

This application is requested by the undersigned property owners this _____ day of _____, 20____, and must be returned to the Saluda County GIS and E911 Addressing Office within thirty (30) days succeeding this date. This road application represents a minimum of 75% of the property owners along this roadway.

We, the undersigned property owners, request that the road shown on the attached plat/map, be named:

(must provide three (3) unique naming options. Simply modifying the suffix does not constitute a unique naming option)

- 1st Choice: _____ *(please print)*
 2nd Choice: _____
 3rd Choice: _____

Tax Map Number	Owner(s) <i>(please print)</i>	Signature	Contact Number
_____	_____	_____	() -
_____	_____	_____	() -
_____	_____	_____	() -
_____	_____	_____	() -
_____	_____	_____	() -

Please list additional owner information on back

Contact Person: _____ Phone: () - _____
 Address: _____
 City: _____ State: _____ Zip: _____