



EXPRESS REVIEW OPERATING PROCEDURE

Please contact the Permit Center Supervisor for information or scheduling:

Mail: Catawba County Building Services Division
Attn: David Smith
PO Box 389
Newton, NC 28658-0389

In Person: Catawba County Government Center
Attn: David Smith
100-A Southwest Boulevard
Newton, NC 28658
Phone # (828) 466-5125
Fax (828) 465-8375

- Available dates will be determined and a tentative review time scheduled. Request an application and a general provision package or the application and general provision package is available at www.catawbacountync.gov
- Complete necessary forms and e-mail (Davids@catawbacountync.gov) or fax ([828] 465-8375) back to the Permit Center for review. After receiving completed forms, staff will evaluate your request and insure the necessary information has been provided. If the application is complete and the project is suitable for Express Review, a confirmation number with date and time will be forwarded to the project design coordinator and may include specific conditions that must be met prior to the review date.

Completing the Express Application Form

- Complete the entire express application form. Write "NA" in non-applicable areas.
- List the project design coordinator, telephone number, fax number, mobile number, and email address, should we need to communicate additional information prior to the review session. It is noteworthy to point out that the project design coordinator must be completely knowledgeable about the project and authorized to make administrative decisions. Communication by Plan review staff will be directed to this individual. In order to reduce the number of phone calls, it is requested that other individuals involved in the project (architects, engineers, owners) also work through the project design coordinator.

Completion of Food Establishment Plan Review Application

- All food service establishments are required to provide a completed Food Establishment Plan Review application at time of express plan review for review by Environmental Health Personnel. There is an additional \$200.00 fee for this application.



Completing the Building Permit & Trade Permit Application Forms

- Please include the names, addresses and NC license numbers of all applicable contractors. This information is required before permits can be issued. Each contractor must have a current municipal privilege license for any projects located in an incorporated jurisdiction. In addition, general contractors need current workers compensation.

In the event that an Express Plan Review results in a rejection, permits will not be issued until all outstanding issues have been resolved (refer to “Re-review process”). If denied, plans need to be re-reviewed, the client may schedule another express review time or bring the plans through regular review processing. Regular review processing has a different anticipated completion time period. All express review fees must be pre-paid prior to submittal through regular review.

Re-review process:

If another express review time is requested it shall be scheduled upon completion of the express review. Only the project design coordinator and design professionals involved in the revisions are required to attend.

All revisions must be clouded. A transmittal letter which addresses all previous comments must be attached to each set of plans.

Re-review plans without transmittal letters and clouded revisions will be rejected and a one (1) hour minimum review fee charged. **The project design coordinator will be billed for the re-review and another re-review will be scheduled.**

Any questions or comments regarding this service may be directed to David Smith, Permit Center Supervisor @ (828) 466-5125.



GENERAL INFORMATION/PROVISIONS

The Catawba County Building Services Division implemented a development review process to provide customers the opportunity to have their design professionals' meet with local government officials to accelerate plan approvals and permit issuance. The program is scheduled on Wednesdays and presently includes alterations, interior up-fits, new construction, additions and change of use.

This optional service allows projects to accelerate the review and permitting process, thus allowing construction to begin sooner. This service is heavily dependent on the completeness of plans and associated documents that are submitted. *Due to the inherent dangers associated with **Hazardous** locations this occupancy classification will not be permitted to use express review.*

Scheduling:

The design coordinator may contact Permit Center Supervisor **David Smith** (828) 466-5125 to identify available dates and times. A North Carolina licensed professional must coordinate all projects. An express application shall then be forwarded to the Permit Center Supervisor for processing and confirmation. Please refer to the application and this package for all required documentation that must be completed in order to receive a confirmed review date. Applications must be received by the Permit Center Supervisor no later than 12 noon on Tuesdays to ensure ample time to forward the application to all departments involved in the review process. Once all departments have cleared the project for review the applicant will be provided a confirmation number, date and time. All complete applications received before noon Tuesday are eligible for express review the following week on Wednesday unless the day has already been booked. Applications should be faxed to (828) 465-8375.

Confirmation:

After the express application is received, a transaction number will be assigned and a receipt confirmation will be faxed or emailed to the project contact person within 24 hours. The applicant will be contacted after the application and documentation is reviewed by all agencies and the proposed project is determined to be appropriate for express review. A faxed or emailed confirmation will be sent identifying the date and time.

Cancellation/ Rescheduling

All cancellations/rescheduling must be made no later than three (3) business days prior to the confirmed date for express plan review. This will allow possibly scheduling another project for review that may be waiting.

Initial Review Costs:

\$950.00 per hour for exterior work, \$800.00 for interior work
All projects requiring review by Environmental Health will be assessed an additional fee of \$200.00 at completion of Express Plan Review. No additional hourly fee will be required for erosion and sediment control but the acreage fee of \$0.00 for the first acre and \$150.00 per additional acres of disturbed soil will apply and will be due at the end of the review.

**Contractors will be responsible for all permit fees relating to building, plumbing, mechanical, electrical, fire prevention, erosion control and zoning disciplines at time of permit issuance.*



Plans:

Plans shall be available at scheduled time.

Interior Work and Exterior Work: The number of sets of plans will be based on the zoning jurisdiction the project is located in and whether the project includes food/beverage service and/or erosion and sediment control measures. The required number of sets of plans needed for the express review will be include in the final confirmation letter.

Each set of plans **must be assembled** and ready prior to the Express Review. When design involves metal buildings, trusses, pre-cast etc., these sealed plans must be included in the package or a sealed letter from the firms structural engineer identifying the designed loads. All blue print sheets are required to be sealed by the N.C. professional engineer and N.C. registered architect responsible for the design.

Prior Approvals:

Projects that require any type of pre-approval (County Commission, City Council, Planning Board, Board of Adjustment, Subdivision Approval, Storm Water plan Approval, Recorded Plats, NCDENR Erosion Control Plan(for publicly funded projects), City Attorney, Septic Systems, Community Water Systems, etc.) must have these approvals in place prior to the Express Review. Any pending approval(s) will result in cancellation of the express review. ***Please note that the County or Municipal Attorneys office is not part of the Express Review.***

Attendees:

The owner, project coordinator, project design coordinator and all individuals whose professional seal appears on the project plans (architect, structural engineer, civil engineer, plumbing, mechanical, electrical engineer, landscape architect) must attend the express plan review session. *Food Service Operators are also required to be in attendance for any occupancy that includes food/beverage service.* **Failure to be in attendance will result in immediate rejection without review and forfeiture of fee.**

Payment:

Payment must be made at completion of the review. If payment is not received the project design coordinator may fill out a billing application and request billing services. Failure to pay will subject the design coordinator/firm to the County Delinquent Account Policy.

Permit Issuance:

If all required information and forms have been received, permits are normally issued within 24 hours of approval. Express Review fees must be paid in full prior to permit issuance.

Newton Office (828) 465-8399
 Newton Fax (828) 465-8962
 Hickory Fax (828) 322-6814



Express Plan Review Application

P.O. Box 389
 Newton, NC 28658
www.catawbacountync.gov

Name of Project:		Date of Application:	
Address of Project:		Parcel ID #:	
Applicant:		Phone #:	Fax:
Address of Applicant:		Email:	
Owner:		Phone#:	Fax:
Address of Owner:		Email:	
General Contractor:		Phone#:	Fax:
State License#:	License Classification: (i.e., H1, P1, Limited)	Federal ID #:	
Address of Contractor:		Email:	
Architect/Designer:		Phone#:	Fax:
Address of Arch/Designer:		Email:	
Contact Person for Project:		Phone#:	Fax:
Address of Contact		Email:	

For Commercial Projects ONLY!	Does the Project have a Fire Alarm System?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Does the Project have a Sprinkler / Standpipe System? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
	*Sprinkler Plan Submission to the County, City of Hickory, Conover or Newton Fire Bureaus' is the responsibility of the customer. Plan Approval must be forwarded to the Permit Center when completed and approved.	
	Will this Project require Environmental Health Review? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
	*If yes, submit one set of plans to Environmental Health with appropriate fee (Page 4 of this application Provides explanation as to when these are required and the fee amounts.).	
	Type of Sewage Disposal: Is Public Sewage available on or adjacent to this project? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
	*If No, a Septic Permit must be applied for prior to project review approval, if not already approved.	
	Type of Water Service: Is Public Water available on or adjacent to this project? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
	*If No, a Well Permit must be applied for prior to project review approval, if not already approved.	
	Are you disturbing more than 1 acre of soil? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
*If yes, 5 sets of erosion control plans and one set of calculations will need to be submitted. A fee of \$200 for the first acre and \$150 for each additional acre of disturbed soil will be collected at the time of plan submittal. Additional applications will be required. Forms are at permit centers, or can be obtained from our website(See above for website address)		
Is this Project being submitted for Phased Construction? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	
*If yes, please check which phase?	<input type="checkbox"/> Footing / Foundation <input type="checkbox"/> Shell / Hull-in <input type="checkbox"/> Up-Fit	

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Express Plan Review Application

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TYPE OF WORK

- New Building Addition Alteration Mixed Add/Alter Demolition Accessory Structure
 Deck / Porch Re-Roof Pier Repairs Swimming Pool
 Footing/Found Shell-In NC Rehab Up-fit Retaining Wall
 Relocate Dwelling _____ (Prior Address of Dwelling)

STRUCTURE USE/OCCUPANCY (check all that apply)

Occupancy Classification (See Classification list on sheet 5, enter multiple if mixed occupancy)

- Condominium Modular Office Retaining Walls (Sealed Plans)
 Addition Covered Deck Modular Dwelling Single Family (site built)
 Agricultural Deck only Multi-Residential Townhouse
 Alteration / Exterior Mixed Occupancy Modular Garage
 Alteration / Interior Hanger, Mixed Use Pier (Sealed Plans)

Other _____

TYPE OF CONSTRUCTION

(Circle) I II III IV V Protected (A) Unprotected (B)

Protected or Unprotected construction refers to whether the building is designed with specific fire rated construction methods.

PROJECT DATA

Total Sq Ft _____ Heated Sq Ft _____ Unheated Sq Ft _____ (basement, garage, covered porches, etc)
 Garage Sq Ft _____ Bonus Rm Sq Ft _____ (finished/unfinished) Basement Sq Ft _____ (finished/unfinished)
 1st Floor Sq Ft _____ 2nd Floor Sq Ft _____ Exterior Finish Material _____
 Total # Rms _____ # of Units _____ # of Stories _____ # Full _____
 Bathrooms _____
 # Half Bathrooms (Toilet & Sink only) _____ # Bedrooms _____ Building Height _____
 Fireplace openings _____ (masonry, prefab/gas, prefab/wood) Type of Heat _____
 Type of Foundation _____

SUBCONTRACTORS NEEDED FOR PROJECT: Electrical Plumbing Heating/ A/C

NONE

POWER/UTILITY COMPANY Servicing the Location: _____ Type of Gas Service (Nat. or Propane) _____

Is a Temporary Saw Pole Needed for this project? Yes No

Will there be more than one electrical Meter for this building? Yes No (If Yes, provide Number of Meters _____)

I hereby certify that all information in this application is correct and all work will comply with the State Building Codes and all other applicable State and local laws and ordinances and regulations. I understand that a Certificate of Occupancy is required prior to occupying the premises and the Building Services Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

_____ (For Plan Review) Owner / Agent Signature _____ Date
 \$ _____ Est. Project cost _____ (For Permit) Contractor/Agent Signature _____ Date

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Building Data

Hazardous Occupancies or buildings that contain Group H occupancies are not permitted through EPR.

Code to be reviewed under: 2006 NC Bldg Code 2006 NC Bldg Code Ch. 34 NC Rehab Code
 2009 NC Bldg Code 2009 NC Bldg Code Ch. 34

Assembly Type A- ____ Business Educational Mercantile
 Factory/Industrial Type F- ____ Describe the operations? _____
 Institutional: Type I - ____ Use Condition #: ____ Residential Type R- ____
 Storage: Type S - ____ (Identify what is being stored) _____

Incidental Storage for other than Storage Occupancy(Identify what is being stored)_____

Parking Garage: Open Enclosed Repair Utility
 Secondary Occupancy: _____
 Special Occupancy: 508.2 508.3 508.4 508.5 508.6 508.7 508.8
 Mixed Occupancy: Yes No Separated Use: Yes No Hourly Rating: 1 2 3 4
 Un-separated Use: Yes No
 Type of Construction: I-A I-B II-A II-B III-A III-B IV V-A V-B
 Mixed Construction: Yes No Types: _____
 Building Height in Feet: _____ Number of Stories: _____ Unlimited Per Section: _____
 Mezzanine: Yes No High Rise Yes No Elevator: Yes No
 High Pile Storage Yes No If yes, what is the total square footage, height and items being stored?

Will hazardous materials be stored, used or handled? Yes No

Gross Building Area:			
Floor:	Existing (Sq. Ft.)	New (Sq. Ft.)	Sub-Total (Sq. Ft.)
Basement			
First Floor			
Mezzanine			
Second Floor			
Third Floor			
Fourth Floor			
Totals:			
Are you using an unlimited area provision? <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes identify section #:
Largest Fire Area Sq. ft. See Article 702.1 of the IBC for definition of Fire Area.			



Life Safety

Will the building have a sprinkler system? Yes No NFPA System Type: 13 13D 13R
 Will the building have a standpipe? Yes No Class of System: I II III Wet Dry
 Will the building have a fire pump? Yes No If Yes: New Existing
 Will the building have a smoke detection system? Yes No
 Will the building have a fire alarm system? Yes No
 Will the building have an atrium? Yes No
 Will the building have a smoke removal system? Yes No
 Does the project involve any underground piping or fire sprinkler work? Yes No
 If yes, describe the type of work. _____

Plumbing Fixture Requirements

Occupancy	Water-closets		Urinals	Lavatories		Showers/ Tubs	Drinking Fountains	
	Male	Female		Male	Female		Regular	Accessible

Zoning Information

Type of Business: (Be specific such as office, medical clinic, retail clothing, retail optical, restaurant, etc.
 Previous type of business: _____ Proposed type of business: _____
 Does the site have off street loading and unloading? Yes No
 Does the site have off street parking? Yes No
 Does the site have both accessible and van accessible parking? Yes No
 Does the site have a landscaping plan for screening and buffering? Yes No
 Description of proposed work: Note: Failure to accurately describe work may lead to expulsion from review.

Health Department (Facility Type)

Restaurant Food Stand / Deli Meat Market Seafood (Cooking)
 School Lunchroom Commissary Lodging Bar Service (no food)
 Child Care Adult Daycare Residential Care School Building
 Hospital Migrant Housing Bed & Breakfast Public Pool
 Local Confinement Other _____
 Seating Capacity: _____ **Utensils:** Disposable Re-usable
Water source: Municipal Community Private (Well)
Sewage: Municipal Community Private (septic system)

Catawba County Food Service Plan Review Application must be completed and submitted with this application if establishment is a food handling establishment.

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Sprinkler/Standpipe System Specification Sheet

<i>Project Data</i>					
Name of Facility:				Phone#	
Address:					
<i>Water Supply Information</i>					
Test information provided by:		A 10% Safety Margin must be incorporated into the sprinkler/standpipe design			
		Static Pressure		Residual Pressure	
Address:		Actual psi:		Actual psi:	
		Psi - 10%:		Psi - 10%:	
Telephone #:		Flow:			
Date tested:					
<i>Fire Pump Information (If applicable attach current pump test)</i>					
Pump Capacity:			Churn Pressure:		
Rated Pressure:			Pressure @ 150% flow:		
On-Site Storage Tank Capacity:					
<i>Commodity Classification Information</i>					
Area	Classification	Description of commodity, Storage height, & arrangement of racks, aisles, etc			
<i>Attach Additional Sheets as Necessary.</i>					
<i>Design Parameters</i>					
Area #	System Type	Area (ft ²)	Density (gpm/ft ²)	Inside Hose (gpm)	Outside Hose (gpm)
<i>Attach Additional Sheets as Necessary.</i>					
<i>Codes and Standards</i>					
System Component		Applicable NFPA Standard/Year Edition or Other Applicable Codes or Statutes			
Notes:					
<i>System Designer Information</i>					
Name:				NICET III Certification Number or PE	
Company Name:				Registration Number:	
Address:		City:			
State:		Zip:			
Phone#:		Fax#:			
Revision No.:					

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Express Plan Review Application

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Catawba County Environmental Health

Contact Information for Plan Review

100A Southwest Boulevard, Newton, NC 28658
(828) 465-8270 phone (828) 465-8276 fax

FLI Case # _____

PLN Case# _____

Property Location

Property ID# * _____ - _____ - _____

Street Address * _____

City * _____

Zip * _____

Business Name: * _____

Mailing Address * _____

Address 2 * _____

City * _____

Zip * _____

Phone * _____

Owner Name _____

Owner Mailing Address _____

Address2 _____

City _____

Zip _____

Phone _____

Architect _____

Contact Address _____

Address 2 _____

City _____

Zip _____

Phone _____

Contractor _____

Contact Address _____

Address 2 _____

City _____

Zip _____

Phone _____

Contact Information Sheet and \$200 fee required to begin plan review process

Complete and return Food Establishment Application

* Required field

Applicant Signature _____ Date _____

Newton Office (828) 465-8399
Newton Fax (828) 465-8962
Hickory Fax (828) 322-6814



**Express Plan Review Application
CITY OF HICKORY**

P.O. Box 389
Newton, NC 28658
www.catawbacountync.gov

COMMERCIAL APPLICATION FOR GRADING PERMIT

(This application becomes a permit upon approval by the Engineering Division)

IS PROPOSED LAND DISTURBANCE UNDER 1 ACRE?

___ **“YES”**, please complete the Application for Grading Permit.

___ **“NO”**, **DO NOT COMPLETE** Application for Grading Permit. Please read following important information:

If proposed land disturbance is 1 ACRE OR MORE, the City of Hickory Grading Permit is NOT REQUIRED.

Applicant must obtain Erosion & Sedimentation Control Plan approval from NC Department of Environment and Natural Resources.

PARCEL IDENTIFICATION NO. _____

PROJECT ADDRESS: _____

THE PROPOSED USE FOR THIS BUILDING OR LAND IS: _____

THIS BUILDING OR LAND WAS PREVIOUSLY USED FOR: _____

LIST PHYSICAL CHANGES TO BUILDING OR LAND: _____

APPLICANT: _____ APPLICANT'S TELEPHONE NO.: _____

APPLICANT'S ADDRESS: _____

APPLICANT'S FAX: _____ APPLICANT'S E-MAIL: _____

PROPERTY OWNER: _____ OWNER'S TELEPHONE NO.: _____

OWNER'S ADDRESS: _____

BUSINESS NAME IF DIFFERENT FROM ABOVE: _____

APPLICANT'S SIGNATURE: _____

FOR ENGINEERING DIVISION USE ONLY

GRADING PERMIT APPROVED: _____ DATE: _____

CONDITIONS OF APPROVAL: _____

GRADING PERMIT DISAPPROVED: _____ DATE: _____

REASONS FOR DISAPPROVAL: _____

Received By: _____ Date: _____

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Hickory Office (828) 323-7410
Hickory Fax (828) 323-7474

Express Plan Review Application COMMERCIAL APPLICATION FOR ZONING COMPLIANCE PERMIT

(A City of Hickory application becomes a permit upon
Approval by a City of Hickory Zoning Administrator.)

County Zoning Office (828) 465-8380
County Zoning Fax (828) 465-8484



Parcel Identification No. _____ Date _____

Project 911 Address: _____

The Proposed Use For This Building Or Land Is (Specific): _____

The Building Or Land Was Previously Used For (Specific): _____

List Physical Changes To Building Or Land: _____

Is Proposed Land Disturbance Under One (1) Acre?

Yes, Please complete the City of Hickory Application for Grading Permit

No, Approval for Erosion & Sedimentation Control Plan from NC Department of Environment and Natural Resources must be forwarded to City of Hickory Engineering Department for plan approval.

Applicant: _____ Applicant's Telephone No.: _____

Applicant's Address: _____

Applicant's Fax: _____ Applicant's E-mail _____

Property Owner: _____ Owner's Telephone No.: _____

Owner's Address: _____

Business Name If Different From Above: _____

(SITE PLANS SHALL ACCOMPANY ALL COMMERCIAL APPLICATIONS)

(ALL BUSINESSES OPERATING IN THE HICKORY CITY LIMITS MUST HAVE A PRIVILEGE LICENSE)

Applicant's Signature _____ Date _____

FOR DEVELOPMENT ASSISTANCE CENTER USE ONLY

- | | | |
|---|---|--|
| <input type="checkbox"/> Change In Use | <input type="checkbox"/> Remodeling | <input type="checkbox"/> Accessory Structure |
| <input type="checkbox"/> Change in Occupancy | <input type="checkbox"/> Home Occupation | <input type="checkbox"/> Temp. Const. Office |
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Manufactured Housing | <input type="checkbox"/> Parking/Loading |
| <input type="checkbox"/> Interior Renovations | Other: _____ | |

FOR ZONING ADMINISTRATOR USE ONLY

REFERENCE NUMBER _____	ZONE _____	QUADRANT _____	OVERLAY DISTRICT _____
<input type="checkbox"/> Front Setback	<input type="checkbox"/> Size of Lot	<input type="checkbox"/> Approved PD	
<input type="checkbox"/> Side Street Setback	<input type="checkbox"/> Lot of Record	<input type="checkbox"/> Approved Minor PD	
<input type="checkbox"/> Side Setback	<input type="checkbox"/> Use Permitted	<input type="checkbox"/> Airport Ordinance	
<input type="checkbox"/> Rear Setback	<input type="checkbox"/> Trees Required	<input type="checkbox"/> Flood Zone	
<input type="checkbox"/> Maximum Height	<input type="checkbox"/> Watershed ___ 1 ___ 2 ___ 3 ___ 4	Protected ___ Critical ___	

Other (Describe): _____

Zoning Permit Approved: _____ Date: _____

Zoning Administrator

Conditions of Approval: _____

**** For clarifications or to request a final zoning inspection (if required) contact Zoning Official at 828-323-7487 ****

Zoning Permit Disapproved: _____ Date: _____

Zoning Administrator

Reasons For Disapproval: _____



Number of Plans Needed for Commercial Plan Review

Each Jurisdiction within Catawba County has different requirements concerning the number of Plans required for commercial plan review. Use the following information to determine the number of plans that must be submitted to the **Catawba County Permit Center** for each project. **A separate Plan submittal will be required for EACH BUILDING submitted for a project. There will be a \$10.00 Plan review fee for each plan submittal or re-submittal.** Approval from all applicable jurisdictions must be received prior to any building permits being issued.

Jurisdiction	Number of Plans *	Additional Requirements
Town of Brookford (828) 322-4903	4 Full Sets with Site Plans	Brookford Zoning Department requires plans be submitted to their office in addition to those listed here.
City of Claremont (828) 459-7009	4 Full Sets with Site Plans	Claremont Zoning Department requires plans be submitted to their office in addition to those listed here.
City of Conover (828) 464-1191	3 Full Sets with Site Plans	Conover Zoning Department requires plans be submitted to their office in addition to those listed here.
Catawba County (828) 465-8380	5 Full Sets with Site Plans	A Zoning Application must be submitted with plans.
City of Hickory (828) 323-7422	7 Full Sets with Site Plans	A Zoning Application and <u>Grading application</u> must be submitted with plans.
Town of Longview (828) 322-3921	4 Full Sets with Site Plans	Longview Zoning Department requires plans be submitted to their office in addition to those listed here.
Town of Maiden (828) 428-5000	4 Full Sets with Site Plans	Maiden Zoning Department requires plans be submitted to their office in addition to those listed here.
City of Newton (828) 465-7400	3 Full Sets with Site Plans	Newton Zoning Department requires plans be submitted to their office in addition to those listed here.
Town of Catawba (828) 241-2215	4 Full Sets with Site Plans	Town of Catawba Zoning Department requires plans be submitted to their office in addition to those listed here.

* See attached Environmental Health Notice to determine if an additional set of plans is required for Health Department Review.

Fire Prevention Plan Review

The following jurisdictions have their own Fire Inspection Bureau's. Any project with Sprinklers, Automatic Fire Suppression systems, Fire Alarm Systems, or Hazardous Occupancies, must obtain separate approval and permits from these jurisdictions. All other areas within Catawba County will be administered by the Catawba County Fire Marshal's Office.

Hickory	City of Hickory Fire Prevention Bureau (828) 323-7522
Conover	City of Conover Fire Prevention Division (828)464-1191
Newton	City of Newton Division of Fire Prevention (828) 695-4284



ENVIRONMENTAL HEALTH PLAN REVIEW NOTICE

If you will be commencing construction or operation of any of the uses listed below, you must also apply to the Catawba County Environmental Health department for a permit and provide a set of plans for review. A Catawba County Environmental Health Contact Info form must be completed and submitted with the plan.

Facilities serving food to the public must also submit a "Food Service Plan Review" application and a \$200.00 plan review fee.

Public swimming pools and spas also submit the "Application for Public Swimming Pool Operation Permit" and a \$300.00 plan review fee.

Tattoo establishments must also submit the "Application for Tattooing Permit" and a \$200.00 application fee.

The forms are available at the Catawba County Building Services, or on the Environmental Health website at <http://www.catawbacountync.gov/phealth/ehmain.asp>.

The General Statutes of North Carolina, under Public Health Law, § GS 130A, prohibits commencing construction on these types of facilities without first submitting plans and receiving approval from the local Environmental Health Department.

- Restaurant or any other facility selling food to the public
- Meat Market
- School Building or Lunchroom, public or private (includes colleges)
- Commissaries
- Elderly Nutrition Site
- Sport concession stand
- Hotel, Motel, or other Lodging establishment
- Bed and Breakfast Home or Inn
- Summer Camp
- Rest or Nursing Home
- Hospital
- Child Day Care Facility
- Migrant Housing
- Residential Care
- Jail
- Orphanage, Children's Home or similar
- Tattoo Parlor
- Swimming pool, spa, water spray area or other public impoundment of water (except single-family private residences)

If you have questions regarding whether your facility must obtain a plan review and permit from the Environmental Health Department, please call (828) 465-8270, or visit our offices, located in the Catawba County Government Center at 100A Southwest Boulevard, in Newton, North Carolina.



OCCUPANCY CLASSIFICATIONS AS DEFINED IN THE NC STATE BUILDING CODE

Please use these classifications

- A-1: Assembly, Theatres w/ Stage
- A-1: Assembly, Theatres w/o Stage
- A-2: Assembly, Nightclubs
- A-2: Assembly, Restaurant, Bar & Banquet Hall
- A-3: Assembly, Churches
- A-3: Assembly, Community Halls, Libraries
- A-4: Assembly, Arena
- B: Business, Office building,
- E: Educational
- F-1: Factory and Industrial, Moderate Hazard
- F-2: Factory and Industrial, Low Hazard
- H-1: High Hazard, Explosives
- H2, 3, 4: High Hazard
- H-5: HPM
- I-1: Institutional, Supervised Environment
- I-2: Institutional, incapacitated
- I-3: Institutional, Restrained
- I-4: Institutional, Day Care Facilities
- M: Mercantile
- R-1: Residential, Hotels
- R-2: Residential, Multiple Families
- R-3: Residential, One-and-Two Family
- R-4: Residential, Care/Assisted Living Facilities
- S-1: Storage, Moderate Hazard
- S-2: Storage, Low Hazard
- U: Utility, Miscellaneous