

Phone: (828) 465-8399

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# CATAWBA COUNTY

## Application for Building Permit

www.catawbacountync.gov

25 Government Dr., Newton, NC 28658

PO Box 389, Newton, NC 28658

**Property Information -** Circle: For Sale: (Yes/No) For Rent: (Yes/No) For Lease: (Yes/No)

**Physical 911 Address of Project:** \_\_\_\_\_ **Property ID #** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

**Property Owner's Name:** \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address (if different): \_\_\_\_\_ Email: \_\_\_\_\_

**General Contractor:** \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

State License # \_\_\_\_\_ Classification: \_\_\_\_\_ Federal ID # \_\_\_\_\_

**Power/Utility Company Servicing the Location:** \_\_\_\_\_ **Type of Gas Service (Nat. or Propane)** \_\_\_\_\_

**Subcontractors: (Yes/No)**  Electrical  Plumbing  Heating  A/C **Temp Saw Pole: (Circle) Yes/No**

**Type of Use (Check ALL that apply)**

- Single Family (site built)       Condominium       Modular Office       Factory/Industrial       Hotel
- Modular Dwelling       Deck Only       Agricultural       Hazardous       Storage
- Duplex       Pier (Sealed Plans)       Assembly       Industrial       Tower
- Townhouse       Swimming Pool       Business       Mercantile       Utility
- Retaining Walls (Sealed Plans)       Accessory Structure       Educational       Multi-Residential       Other \_\_\_\_\_

**Type of Work:**  New  Addition  Alteration  Demo  Foundation  Add/Alter  Rehab  Repairs  
 Re-Roof  Shell-in  Up-fit  Relocate Dwelling \_\_\_\_\_

*\*Prior Address of House Relocated\**

**Optional Permits (One-Two Family dwellings only):**

- Re-roof (same material and no roof sheeting replacement)       Replacement of Windows/Doors/Exterior Siding
- Replacement of Pickets, Railings, Stairs Treads, or Decking on existing exterior porches/decks

**Describe Work to be done under this permit:** \_\_\_\_\_

**Type of Construction:** Circle: I II III IV V Circle: Protected (A) OR Unprotected (B)

Total Sq Ft \_\_\_\_\_ Heated Sq Ft \_\_\_\_\_ Unheated Sq Ft \_\_\_\_\_ (basement, garage, covered porches, etc.)

Garage Sq Ft \_\_\_\_\_ Bonus Room Sq Ft \_\_\_\_\_ (finished/unfinished) Basement Sq Ft \_\_\_\_\_ (finished/unfinished)

1<sup>st</sup> Floor Sq Ft \_\_\_\_\_ 2<sup>nd</sup> Floor Sq Ft \_\_\_\_\_ Attic Sq Ft \_\_\_\_\_ Exterior Finish \_\_\_\_\_

Total # Rooms \_\_\_\_\_ # of Units \_\_\_\_\_ # of Stories \_\_\_\_\_ Full Bathrooms \_\_\_\_\_ Half Bathrooms (Toilet & Sink Only) \_\_\_\_\_

Bedrooms \_\_\_\_\_ Fireplace Openings \_\_\_\_\_ Fireplace Type: (Circle) Masonry/Prefab-Gas/Prefab-Wood Building Height \_\_\_\_\_

Type of Heat \_\_\_\_\_ Type of Foundation \_\_\_\_\_ Length of Dock/Pier \_\_\_\_\_

**Sewer:**  Septic Tank  City Sewer/ Private System \_\_\_\_\_ **Water Supply:**  Well  Community Well  City \_\_\_\_\_

**\*All fees entered by Permit Center, DOUBLE FEE charged for work started prior to obtaining permits\***

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, ordinances, and regulations. I understand that a Certificate of Occupancy is required prior to occupying the premises and the Building Service Department will be notified of any changes in the approved plans and specification for the project permitted herein.

I understand that Environmental Health can review an existing well and/or septic system, and the County recommends this optional service. If the undersigned is an Agent for the property owner, the undersigned is responsible for informing the property owner of this option. The fee for this service is \$80.00. I  do or  do not (check one) want and existing well and/or septic system review. This service is NOT "optional" if adding a bedroom.

\$ \_\_\_\_\_

Project Cost

General Contractor's Signature

Print General Contractor's Name

Date