



CATAWBA COUNTY EXPRESS PLAN REVIEW APPLICATION

P.O. BOX 389, NEWTON, NORTH CAROLINA 28658
NEWTON OFFICE NUMBER: (828) 465-8399
NEWTON FAX NUMBER: (828) 465-8962

Date: _____
Time: _____
Name: _____

www.CatawbaCountyNC.gov

EXPRESS REVIEW OPERATING PROCEDURE

Please contact the Plan Review Supervisor for information or scheduling:

Mail: Catawba County Building Services Division
Attn: Plan Review Supervisor
PO Box 389
Newton, NC 28658-0389

In Person: Catawba County Government Center
Attn: Plan Review Supervisor
100-A Southwest Boulevard
Newton, NC 28658
Phone # (828) 465-8376
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 (brogers@catawbacountync.gov) or fax to (828 465-8375) 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.
- 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 \$250.00 fee for this application.



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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 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
Bill Rogers, Plan Review Supervisor
(828) 465-7955
brogers@catawbacountync.gov

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 available days 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 Plan Review Supervisor, Bill Rogers (828) 465-7955 to identify available dates and times. A North Carolina licensed professional must coordinate all projects. A plan review application shall then be forwarded to the Plan Review 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 Plan Review Supervisor no later than three working days prior to the desired review date to ensure ample time to forward the application to all departments involved in the review process. Once all



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departments have cleared the project for review the applicant will be provided a confirmation number, date and time.

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 one (1) business days prior to the confirmed date for express plan review.

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.) is recommended to have these approvals in place prior to the scheduling of an Express Review to allow for permit issuance. ***Please note that the County or Municipal Attorney's office is not part of the Express Review.***



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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, and landscape architect) is recommended to attend the express plan review session to make corrections & reseal plans if needed. *Food Service Operators are also recommended to be in attendance for any occupancy that includes food/beverage service.*

Payment:

Payment must be made at completion of the review.

Permit Issuance:

If all required information and forms have been received and approved, permits are normally issued at the time of plan review. Express Review fees must be paid in full prior to permit issuance if a billing account has not been preapproved.



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Describe work to be done under this Permit

DESCRIPTION OF WORK

- New Building Addition Alteration Mixed Add/Alter Demolition Accessory Structure
 Interior Demo /Removal Re-Roof Pier Repairs Swimming Pool
 Footing/Found Shell-In NC Rehab Up-fit Retaining Wall

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
 Agricultural Multi-Residential Alteration / Exterior Mixed Occupancy
 Alteration / Interior 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 decks, etc)
 Basement Sq Ft _____ (finished/unfinished) 1st Floor Sq Ft _____ 2nd Floor Sq Ft _____ Exterior _____
 Finish Material _____ # of Units _____ # of Stories _____ Building Height _____
 Type of Heat _____ Type of Foundation _____

TRADES NEEDED FOR PROJECT: Electrical Plumbing Heating/ A/C NONE

Expired plans: All plans not resubmitted or permitted six months after the last review will be considered expired and will require a new submittal with review.

Plans accepted for review Date Accepted By

Plans not accepted for review Date Notified By



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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:					
Fire Pump Information (If applicable attach current pump test)					
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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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 # _____ **Plan Case #** _____

PROPERTY LOCATION

Property ID# * _____ - _____ - _____ - _____

Street Address * _____

City * _____ Zip * _____

BUSINESS NAME * _____

Mailing Address * _____

Address 2 * _____

City * _____ Zip * _____

Phone * _____

OWNER NAME _____

Mailing Address _____

Address 2 _____

City _____ Zip _____

Phone _____

ARCHITECT _____

Contact Address _____

Address 2 _____

City _____ Zip _____

Phone _____

CONTRACTOR _____

Contact Address _____

Address 2 _____

City _____ Zip _____

Phone _____

Contact Information Sheet and \$250 fee required to begin plan review process

Complete and return Food Establishment Application * Required field

Applicant Signature _____ Date _____



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CITY OF HICKORY
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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COMMERCIAL APPLICATION FOR ZONING COMPLIANCE PERMIT

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

(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: _____



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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	3 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	3 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	2 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	4 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	3 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	3 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	2 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	3 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



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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/environmentalhealth>

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.



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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
- H-2: High Hazard
- H-3: High Hazard
- H-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