

Newton Office (828) 465-8399

Newton Fax (828) 465-8962

Hickory Fax (828) 322-6814 Express Plan Reviewed (Continued)



P.O. Box 389

Newton, NC 28658

[www.catawbacountync.gov](http://www.catawbacountync.gov)

**REQUEST APPLICATION**

Requested Date for Review: \_\_\_\_\_ Date Application Received: \_\_\_\_\_ (Staff Use)

- New Building\*       Addition       Alteration       Phased Construction
- Change of Occupancy       Interior Up-fit

\* A valid address must accompany this form please contact the following individuals to verify your address.  
Catawba County: Beth Mathis (828) 465-8147, City of Hickory: Heidi Hedrick (828) 323-7456.

**Project Information:**

Project: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Suite #: \_\_\_\_\_  
 Zoning of Site: \_\_\_\_\_ Parcel Identification #: \_\_\_\_\_

**Project Design Coordinator:**

Name: \_\_\_\_\_ Firm: \_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax : \_\_\_\_\_ Cell # \_\_\_\_\_  
 Email Address : \_\_\_\_\_

**Project Designers of Record (All must be NC Licensed):**

Owner: \_\_\_\_\_ Architect: \_\_\_\_\_  
 Structural: \_\_\_\_\_ Plumbing: \_\_\_\_\_  
 Mechanical: \_\_\_\_\_ Electrical: \_\_\_\_\_  
 Fire Protection: \_\_\_\_\_ Fire Alarm: \_\_\_\_\_  
 Civil: \_\_\_\_\_ Landscaping: \_\_\_\_\_  
 Metal Building: \_\_\_\_\_ Truss: \_\_\_\_\_

**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.*



**Building Data**

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

Code to be reviewed under:  2002 NC Bldg Code  2002 NC Bldg Code Ch. 34  NC Rehab Code  
 2006 NC Bldg Code  2006 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. <i>See Article 702.1 of the IBC for definition of Fire Area.</i>			

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### 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.



**Catawba County**  
**APPLICATION FOR BUILDING PERMIT**

(Please Print or Type)

**PROPERTY LOCATION** Property ID# \_\_\_\_\_ Date \_\_\_\_\_

Physical Street Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**\*YOU WILL BE ASKED TO GIVE DRIVING DIRECTIONS AT THE TIME OF ISSUING THE PERMIT\***

**Project Title:** \_\_\_\_\_

**OWNER** \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**GENERAL CONTRACTOR** \_\_\_\_\_ Contact Person \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

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

Address \_\_\_\_\_

**DESIGNER** \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

**SUBCONTRACTORS** (Yes/No):  Electrical  Plumbing  Heating  A/C

**SIGNS**  Wall  Ground Height: \_\_\_\_\_ Width: \_\_\_\_\_ Total Sq. Footage: \_\_\_\_\_

**TYPE OF USE** (check all that apply)

- |   |  |  |   |                                  |
|---|--|--|---|----------------------------------|
| <input type="checkbox"/> Single Family (site built) | <input type="checkbox"/> Deck only           | <input type="checkbox"/> Agricultural        | <input type="checkbox"/> Hazardous                      | <input type="checkbox"/> Sign    |
| <input type="checkbox"/> Modular Dwelling           | <input type="checkbox"/> Pier (Sealed Plans) | <input type="checkbox"/> Assembly            | <input type="checkbox"/> Institutional                  | <input type="checkbox"/> Storage |
| <input type="checkbox"/> Duplex                     | <input type="checkbox"/> Swimming Pool       | <input type="checkbox"/> Business            | <input type="checkbox"/> Mercantile                     | <input type="checkbox"/> Tower   |
| <input type="checkbox"/> Townhouse                  | <input type="checkbox"/> Accessory Structure | <input type="checkbox"/> Educational         | <input type="checkbox"/> Multi-Residential              | <input type="checkbox"/> Utility |
| <input type="checkbox"/> Condominium                | <input type="checkbox"/> Modular Office      | <input type="checkbox"/> Factory/ Industrial | <input type="checkbox"/> Retaining Walls (Sealed Plans) |                                  |
| <input type="checkbox"/> Other _____                |  |  |   |                                  |

**TYPE OF WORK**  New  Addition  Alteration  Chg out Existing  Demolition  Foundation  Mixed Add/Alter

Rehab  Repairs  Safety Inspection  Shell-In  Upfit  Temp Event  Relocate Dwelling \_\_\_\_\_

\*Prior Address of House Relocated\*

**TYPE OF CONSTRUCTION** (Circle) I II III IV V Protected (A) Unprotected (B) **Temp Saw Pole Y / N**

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 \_\_\_\_\_ Attic Sq Ft \_\_\_\_\_ Exterior Finish \_\_\_\_\_

Total # Rms \_\_\_\_\_ # of Units \_\_\_\_\_ # of Stories \_\_\_\_\_ Full Bathrooms \_\_\_\_\_ Half Bathrooms (Toilet & Sink only) \_\_\_\_\_

Bedrooms \_\_\_\_\_ Fireplace openings \_\_\_\_\_ (masonry, prefab/gas, prefab/wood) Building Height \_\_\_\_\_

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

**SEWER TYPE**  Septic Tank  City Sewer / Private System \_\_\_\_\_

**WATER SUPPLY**  Well  Community Well  City

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.

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

Project cost

Owner / Agent Signature

Date

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**Express Plan Reviewed (Continued)**  
**Sprinkler/Standpipe System Specification Sheet**

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<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		
			<b>Static Pressure</b>		<b>Residual Pressure</b>
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 <sup>2</sup> )	Density (gpm/ft <sup>2</sup> )	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  Registration Number:	
Company Name:					
Address:		City:			
State:		Zip:			
Phone#:		Fax#:			
Revision No.:					



# 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 \_\_\_\_\_



**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: \_\_\_\_\_