



PLANNING & PARKS DEPARTMENT
OFFICE PHONE: 828-465-8380

CATAWBA COUNTY ZONING APPLICATION
PO BOX 389, NEWTON, NC 28658

PART A INSTRUCTIONS: TO BE COMPLETED BY APPLICANT

1. Physical Address of the Property _____
(Subject to this Application) City _____ State/Zip _____
2. Applicant: _____
Mailing Address: (If Different) _____
Phone #: _____
Email: _____
3. Owner: (If Different from Applicant) _____
Physical/Mailing Address: _____
Phone #: _____
Email: _____
4. Contractor: (If Applicable) _____
Physical/Mailing Address: _____
Email: (If Known) _____
5. Type or nature of work to be done on the property or proposed use to be undertaken: (Describe in Detail) _____

6. Easements on Property (If known): _____ YES _____ NO Type: _____
7. Are you aware of any Restrictive Covenants on this property that might prohibit the proposed project?
_____ YES _____ NO
8. **The applicant (if different from the owner) is authorized to act as agent on behalf of the owner, hereby certifies that all information and attachments to this Zoning Application are true and correct, and acknowledges that this permit is issued on the basis of the information provided herein. The applicant acknowledges that any construction, alteration or addition which differs from this application shall be subject to removal, alteration or correction so as to bring said structure into conformance with the specifications and standards of the Catawba County Zoning Ordinance. Such corrective action shall be at the expense of the applicant. The applicant acknowledges that any modification or adjustment to the location of improvements on the property which affects the setbacks depicted under Part B Page 2 of this application will make this application null and void. The applicant understands and further acknowledges this application IS NOT A ZONING PERMIT and cannot be substituted for the same.**

APPLICANT/OWNER'S SIGNATURE

DATE

PART B FOR OFFICE USE ONLY:

1. PIN # _____
2. Zoning _____ **ZONING PERMIT NOT REQUIRED** _____ Comments _____
3. Setbacks: Front _____ Side _____ Rear _____ Side Street _____ (Indicate which street)

Any additional comments for setbacks: _____

Note: One story Accessory Dwelling and two story accessory structures must meet principle setbacks for zoning district.

4. Work Class: **Residential**

_____	Accessory Structure
_____	Addition
_____	Alteration
_____	Addition & Alteration
_____	Swimming Pool
_____	Backyard Business

_____	New Building (Single Family)
_____	Accessory Dwelling
_____	Duplex
_____	Manufactured Home
_____	Home Occupation
_____	Sign

5. Work Class: **Non-Residential**

_____	Change in Occupancy
_____	Temporary Event

_____	Change in Use
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6.

Flood plain:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Comments:	
Structure in Flood plain:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Comments:	
Property Easements:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Comments:	
Overlay District:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Comments:	
Watershed District:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Comments:	

Manufactured Housing:

MFG Type (Circle one): A B D E

Land Ownership: Private _____ Rental _____

Required underpinning: Vinyl _____ Masonry _____

Minimum Deck Size: 36 Sq Ft _____

New _____ or Change Out _____

Year of Manufactured Home _____

7. City Water _____ Sewer _____ Septic _____ Well _____

PLANNING STAFF SIGNATURE

DATE

THIS APPLICATION WILL NOT BE PROCESSED BY THE PERMIT CENTER WITHOUT A PLANNING STAFF SIGNATURE