



Catawba County
Permit Center
County **Sewer** Capital Fee Application
(Plumbing permit required for plumbing line installation)

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

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

Property Owner(s) _____

Mailing Address _____
(Mailing Address) (City) (State) (Zip)

Physical Address _____
(Physical Address) (City) (State) (Zip)

Daytime Phone _____ Cell Phone _____

Building or Plumbing Contractor _____

Mailing Address _____
(Mailing Address) (City) (State) (Zip)

Daytime Phone _____ Cell Phone _____

Contractor Signature _____
(if applicable)

How many sewer connections will be added to this parcel? _____

Size of water line connection _____ Size of Sewer line connection _____

Is the City sewer connection fee paid? Yes _____ No _____ City Name _____

Owner/Applicant Signature _____

*Please select the type of establishment below and list Food Services that may be associated with the building separately.

- Airport, Railroad Station, or Bus Terminal - # of passengers ____ X 5 = _____.
- Bar or Cocktail Lounge - # of seats ____ X 20 = _____.
- Barber Shop - # of barber chairs ____ X 50 = _____.

- Beauty Shop - # of Styling chairs ____ X 125 = _____.
- Bowling Lanes - # of Lanes ____ X 50 = _____.
- Business not listed else where on this form - # of employees ____ X 25 = _____.
- Camp ground w/comfort stations (no water/sewer hookups) - # of campsites ____ X 100 = _____.
- Camp, RV Park - # of Spaces ____ X 120 = _____.
- Camp, Summer - # of Persons ____ X 60 = _____.
- Camp, Work or Construction - # of Persons ____ X 60 = _____.
- Church w/Kitchen (no Food Service, Day Care, or Camp) - # of seats ____ X 5 = _____.
- Church (no Kitchen, Food Service, Day Care, or Camp) - # of seats ____ X 3 = _____.
- Country Club - # of members ____ X 20 = _____.
- Day Care Facility - # of Persons ____ X 15 = _____.
- Factory - # of Persons (per shift) ____ X 25 = _____ + # of Showers ____ X 10 = _____ Total
- Food Restaurant-# of seats ____ X 40 = _____ and Total sq ft of Dining area _____ ÷15 = _____.
- Food Restaurant 24-hour - # of seats ____ X 75 = _____.
- Food Service Other (not listed) - # of Meals ____ X 5 = _____.
- Food Stands – Sq ft of Food Stand floor space____ ÷100 = _____ X 50 = _____.
Plus # of employees ____ X 25 = _____ + _____. Total
- Hospitals - # of Beds ____ X 300 = _____.
- Marina (no bathhouse) - # of Boat Slips ____ X 10 = _____.
- Marina w/ Boathouse - # of Boat Slips ____ X 30 = _____.
- Meat Market – Sq ft of Market floor space _____ ÷100 = _____ X 50 = _____.
Plus # of employees ____ X 25 = _____ + _____. Total
- Motels/Hotels - # of Rooms ____ X 120 = _____.
- Motels/Hotels w/ in-room cooking - # of Rooms ____ X 175 = _____.
- Offices (per shift) - # of Persons ____ X 25 = _____.
- Residential Care Facilities - # of Persons ____ X 60 = _____.
- Residential, Apartments - # of Units per building _____.
- Residential, Condominiums - # of Units per building _____.
- Residential, Duplex - # of Units per building _____.
- Residential, Single Family Dwelling - # of Units per building _____.
- Residential, Townhouses - # of Units per building _____.
- Residential, Triplex - # of Units per building _____.

- Rest Home w/Laundry - # of Beds ____ X 120 = _____.
- Rest Home with out Laundry - # of Beds ____ X 60 = _____.
- School w/Cafeteria only - # of Students ____ X 12 = _____.
- School w/Cafeteria, Gym, and Showers - # of Students ____ X 15 = _____.
- School w/Gym only - # of Students ____ X 10 = _____.
- School, Boarding - # of Persons ____ X 60 = _____.
- Service Station - # of Toilets and Urinals ____ X 250 = _____.
- Service Station 24-hour - # of Toilets ____ X 325 = _____.
- Stadium or Auditorium - # of Seats ____ X 5 = _____.
- Stores/Malls/Shopping Centers - Sq ft of Retail Sales area _____ ÷ 1000 = _____ X 120 = _____
Total
- Swimming Pool, Spa, or Bathhouse - # of Persons ____ X 10 = _____.
- Theater or Drive-in - # of Seats or Spaces ____ X 5 = _____.

Please add together all the number of gallons calculated for all selected uses above _____.

For Office Use

County Account # _____ Billed _____ Paid in Office _____

Approved by _____