

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)

- | | | | | |
|---|--|---------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Single Family (site built) | <input type="checkbox"/> Condominium | <input type="checkbox"/> Educational | <input type="checkbox"/> Factory/Industrial | <input type="checkbox"/> Hotel |
| <input type="checkbox"/> Modular Dwelling | <input type="checkbox"/> Deck Only | <input type="checkbox"/> Agricultural | <input type="checkbox"/> Hazardous | <input type="checkbox"/> Storage |
| <input type="checkbox"/> Duplex | <input type="checkbox"/> Pier (Sealed Plans) | <input type="checkbox"/> Assembly | <input type="checkbox"/> Industrial | <input type="checkbox"/> Tower |
| <input type="checkbox"/> Townhouse | <input type="checkbox"/> Accessory Structure | <input type="checkbox"/> Business | <input type="checkbox"/> Multi-Residential | <input type="checkbox"/> Utility |
| <input type="checkbox"/> Retaining Walls (Sealed Plans) | <input type="checkbox"/> Modular Office | <input type="checkbox"/> Mercantile | <input type="checkbox"/> Solar Panels | <input type="checkbox"/> 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.)

1st Floor Heated Sq Ft _____ 2nd Heated Floor Sq Ft _____ Bonus Room Sq Ft _____ (finished/unfinished)

Garage Sq Ft _____ Covered Porches _____ Basement Unfinished Sq Ft _____ Basement Finished Sq Ft _____

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

Bedrooms _____ # of Fireplaces _____ (Circle) Masonry/Prefab-Gas/Prefab-Wood Type of Heat _____

Exterior Finish _____ Type of Foundation _____ Building Height _____

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 an 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