



# CATAWBA COUNTY APPLICATION FOR SAFETY PERMIT

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

www.CatawbaCountyNC.gov

(Please Print or Type)

Date: \_\_\_\_\_

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

**BUSINESS NAME:** \_\_\_\_\_

**APPLICANT:** \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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

**Contact Person:** \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**OWNER:** \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

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

INSPECTION REQUESTED BY:  Bldg Inspector  Lessee/Owner  Fire Prevention  Zoning  A-L-E  Other \_\_\_\_\_

Requested By: \_\_\_\_\_

(Individuals name)

Please provide details below for the type of business and what they did for the last and current tenant:

PREVIOUS USE: \_\_\_\_\_

PROPOSED USE: \_\_\_\_\_

TOTAL SQ FT: \_\_\_\_\_ Fire District: \_\_\_\_\_ Zoning District: \_\_\_\_\_

TYPE OF WORK PLANNED:  Alteration  Addition  Chg of Use  Interior Demo  Rehab (MUST HAVE SAFETY INSP)

Describe any work planned: \_\_\_\_\_

(If your project involves work requiring plans by an architect or an engineer, a Safety Inspection will not be required)

Utilities Connected:  Individual Well  Community Well  Public Water  Unknown

Individual Septic  Public Sewer  Unknown

SPECIAL EVENT: DATES/ TIMES: \_\_\_\_\_

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.

\_\_\_\_\_  
Owner / Applicant Printed Name

\_\_\_\_\_  
Owner / Applicant Signature

\_\_\_\_\_  
Date

### ZONING OFFICE USE ONLY

Approved Use \_\_\_\_\_

Building  Fire Only  Zoning

\_\_\_\_\_  
Approving Zoning Official's Signature