



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
 - ___ Duplex
 - ___ Swimming Pool
 - ___ Backyard Business
 - ___ New Building (Single Family)
 - ___ Accessory Dwelling
 - ___ Manufactured Home
 - ___ Home Occupation

5. Work Class: **Non-Residential**
 - ___ Change in Occupancy
 - ___ Temporary Event
 - ___ Change in Use

6. Flood plain:

	Yes		No

 Comments: _____
 Structure in Flood plain:

	Yes		No

 Comments: _____
 Property Easements:

	Yes		No

 Comments: _____
 Overlay District:

	Yes		No

 Comments: _____
 Watershed District:

	Yes		No

 Comments: _____

Manufactured Housing	Class A (DW)		Class B (SW)	Class D (DW)	Class E (SW)
Land Ownership	Private _____	Rental _____			
Required Underpinning	Masonry _____ Brick _____ Concrete Block _____	Vinyl _____ Masonry _____ Concrete Block _____ Brick _____ Natural or synthetic stone _____	Vinyl _____ Masonry _____ Concrete Block _____ Brick _____ Natural or synthetic stone _____	Masonry _____ Brick _____ Concrete Block _____	Vinyl _____ Masonry _____ Concrete Block _____ Brick _____ Natural or synthetic stone _____
Minimum Deck Size	36 Sq Ft _____	36 Sq Ft _____	36 Sq Ft _____	36 Sq Ft _____	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