



# BUILDING PERMIT APPLICATION

CATAWBA COUNTY PERMIT CENTER

25 Government Dr. / P.O. Box 389, Newton, NC 28658

Phone 828-465-8399 | Email: permitapps@catawbacountync.gov

## PROPERTY INFORMATION

Property Address: \_\_\_\_\_ Parcel #: \_\_\_\_\_

Property Status:  For Rent  For Lease  For Sale  Not for rent, lease, or sale

Property Owner Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

## GENERAL CONTRACTOR INFORMATION

Contractor Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

State License #: \_\_\_\_\_ Classification: \_\_\_\_\_ Federal ID#: \_\_\_\_\_

## PROJECT INFORMATION

Brief Description of Work: \_\_\_\_\_

### TYPE OF USE

Residential  Commercial: \_\_\_\_\_

Single Family Dwelling  Modular Dwelling  Duplex  Townhouse  Log Home

### SCOPE OF PROJECT

New Construction  Addition  Renovation  Re-roof

Foundation Repair  Covered Porch  Deck  Demolition

### OPTIONAL PERMITS

(optional) Re-roof (no material or sheeting replacement)

(optional) Replacement of windows, doors, or exterior siding

(optional) Replacement of pickets, stair treads, railings, or decking on existing exterior porches / decks

Heated Sq Ft of Project: \_\_\_\_\_ Unheated Sq Ft of Project: \_\_\_\_\_ Total Sq Ft of Project: \_\_\_\_\_  
(covered porches, decks, garages, & unfinished space)

### UTILITIES

Power Company: \_\_\_\_\_

Electrical  Mechanical  Low Voltage  Temp Saw Pole

Water:  Well  Municipal/Private Sewer:  Septic  Municipal/Private

Plumbing  Gas Piping  Ventilation

### SUB-PERMITS

Total Cost of Project: \_\_\_\_\_

# of Fireplaces: \_\_\_\_\_  Masonry  PreFab Gas  PreFab Wood

I hereby certify that all information in this application is correct and all work will comply with the North Carolina State Building Codes and all other applicable state and local laws, ordinances, and regulations. I understand that a Certificate of Compliance is required prior to occupying the premises, and I will notify the Building Services Department of any changes in the approved plans and specifications for the permitted project.

\_\_\_\_\_  
General Contractor's Signature

\_\_\_\_\_  
General Contractor's Name (print)

\_\_\_\_\_  
Date

A non-refundable \$30 administrative fee is included in the permit cost. | Double Fees are charged for work started prior to obtaining permits.



# PROJECT INFORMATION DETAILS FORM

CATAWBA COUNTY PERMIT CENTER

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## PROPERTY INFORMATION

EXISTING PERMIT #: \_\_\_\_\_

Property Address: \_\_\_\_\_ Parcel #: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

## CONTACT/APPLICANT INFORMATION Same as above

Applicant Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

## PROJECT INFORMATION

Brief Description of Work: \_\_\_\_\_

Scope of Project:  Residential  Commercial

Heated Square Feet: \_\_\_\_\_ Total Square Feet: \_\_\_\_\_ Project Cost: \_\_\_\_\_

1<sup>st</sup> Floor Heated Sq Ft: \_\_\_\_\_ 2<sup>nd</sup> Floor Heated Sq Ft: \_\_\_\_\_ # of Full Bathrooms: \_\_\_\_\_

Finished Bonus Room Sq Ft: \_\_\_\_\_ Unfinished Bonus Room Sq Ft: \_\_\_\_\_ # of Half Bathrooms: \_\_\_\_\_  
(toilet & sink only)

Finished Basement Sq Ft: \_\_\_\_\_ Unfinished Basement Sq Ft: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_

Garage Sq Ft: \_\_\_\_\_ # of Stories: \_\_\_\_\_ Total # of Rooms: \_\_\_\_\_

Covered Porches Sq Ft: \_\_\_\_\_ # of Units: \_\_\_\_\_

# of Fireplaces: \_\_\_\_\_ Type of Heat: \_\_\_\_\_

Fireplace Type:  PreFab Gas  PreFab Wood  Masonry

Exterior Finish: \_\_\_\_\_ Type of Foundation: \_\_\_\_\_

Sewer:  Septic  Municipal/Private Water Supply:  Well  Municipal/Private

Applicant's Signature \_\_\_\_\_

Applicant's Name (print or typed) \_\_\_\_\_

Date \_\_\_\_\_