



CATAWBA COUNTY

EXPRESS PLAN REVIEW APPLICATION

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

Date: _____
 Time: _____
 Name: _____

www.CatawbaCountyNC.gov

All plan submittals must contain a NC Building Code Summary (Appendix B). All Plans submitted shall be stapled into sets. Minimum scale shall be 1/8" per ft. & minimum sheet size shall be 11 x 17.

Name of Project:			Date of Application:		
Address of Project:			Parcel ID #:		
Applicant:			Phone #:	Fax:	
Address of Applicant:			Email:		
Owner:			Phone#:	Fax:	
Address of Owner:			Email:		
General Contractor:			Phone#:	Fax:	
State License#:	License Classification: (i.e., H1, P1, Limited)		Federal ID #:		
Address of Contractor:			Email:		
Architect/Lead Designer Professional:			Phone#:	Fax:	
Address of Arch/ Lead Designer Professional:			Email:		
Contact Person for Project:			Phone#:	Fax:	
Address of Contact			Email:		
1 st Date Requested	2 nd Date Requested	3 rd Date Requested	Staff Use Only: Date/Time approved _____ Location _____		
For Commercial Projects ONLY! Does the Project have a Fire Alarm System?			[] Yes [] No		
Does the Project have a Sprinkler / Standpipe System? *			[] Yes [] No		
Will this Project require Environmental Health Review? *			[] Yes [] No		
*If yes, submit one set of plans to Environmental Health with appropriate fee (Page 4 of this application Provides explanation as to when these are required and the fee amounts.).					
Type of Sewage Disposal: Is Public Sewage available on or adjacent to this project? *			[] Yes [] No		
*If No, a Septic Permit must be applied for prior to project review approval, if not already approved.					
Type of Water Service: Is Public Water available on or adjacent to this project? *			[] Yes [] No		
*If No, a Well Permit must be applied for prior to project review approval, if not already approved.					
Are you disturbing more than 1 acre of soil? *			[] Yes [] No		
*If yes, 3 sets of erosion control plans and one set of calculations must be submitted. A fee of \$200 for the first acre and \$150 for each additional acre of disturbed soil will be collected at the time of plan submittal. Additional applications will be required. Forms are at permit centers, or can be obtained from our website(See above for website address)					
Is this a New Building or Addition that is owned by a Government/Municipal Agency AND 20,000 sq ft or more? NCDOT Approval Letter MUST be submitted to this office before Permits will be issued!			[] Yes [] No		
Is this Project being submitted for Phased Construction? *			[] Yes [] No		
*If yes, please check which phase?			[] Footing / Foundation [] Shell / Hull-in [] Up-Fit		



CATAWBA COUNTY EXPRESS PLAN REVIEW APPLICATION

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

Date: _____
Time: _____
Name: _____

www.CatawbaCountyNC.gov

Describe work to be done under this Permit

DESCRIPTION OF WORK

- New Building Addition Alteration Mixed Add/Alter Demolition Accessory Structure
- Interior Demo /Removal Re-Roof Pier Repairs Swimming Pool
- Footing/Found Shell-In NC Rehab Up-fit Retaining Wall

STRUCTURE USE/OCCUPANCY (check all that apply)

Occupancy Classification See Classification list on sheet 5, enter multiple if mixed occupancy)

- Condominium Modular Office Retaining Walls (Sealed Plans) Addition
- Agricultural Multi-Residential Alteration / Exterior Mixed Occupancy
- Alteration / Interior Pier (Sealed Plans)

Other _____

TYPE OF CONSTRUCTION

(Circle) I II III IV V Protected (A) Unprotected (B)

Protected or Unprotected construction refers to whether the building is designed with specific fire rated construction methods.

PROJECT DATA

Total Sq Ft Heated Sq Ft Unheated Sq Ft (basement, garage, covered decks, etc)

Basement Sq Ft (finished/unfinished) 1st Floor Sq Ft 2nd Floor Sq Ft Exterior

Finish Material # of Units # of Stories Building Height

Type of Heat Type of Foundation

TRADES NEEDED FOR PROJECT: Electrical Plumbing Heating/ A/C NONE

Expired plans: All plans not resubmitted or permitted six months after the last review will be considered expired and will require a new submittal with review.

Plans accepted for review: Date Accepted _____ By _____

Plans rejected for review: Date Rejected _____ By _____

Reason rejected: _____



CATAWBA COUNTY EXPRESS PLAN REVIEW APPLICATION

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

Date: _____
 Time: _____
 Name: _____

www.CatawbaCountyNC.gov

SPRINKLER/STANDPIPE SYSTEM SPECIFICATION SHEET

Project Data

Name of Facility:	Phone#
Address:	

Water Supply Information

Test information provided by:	A 10% Safety Margin must be incorporated into the sprinkler/standpipe design	
	Static Pressure	Residual Pressure
Address:	Actual psi:	Actual psi:
	Psi - 10%:	Psi - 10%:
Telephone #:	Flow:	
Date tested:		

Fire Pump Information (If applicable attach current pump test)

Pump Capacity:	Churn Pressure:
Rated Pressure:	Pressure @ 150% flow:
On-Site Storage Tank Capacity:	

Commodity Classification Information

Area	Classification	Description of commodity, Storage height, & arrangement of racks, aisles, etc

Attach Additional Sheets as Necessary.

Design Parameters

Area #	System Type	Area (ft ²)	Density (gpm/ft ²)	Inside Hose (gpm)	Outside Hose (gpm)

Attach Additional Sheets as Necessary.

Codes and Standards

System Component	Applicable NFPA Standard/Year Edition or Other Applicable Codes or Statutes

Notes:

System Designer Information

Name:	NICET III Certification Number or PE Registration Number:	
Company Name:		
Address:		City:
State:		Zip:
Phone#:		Fax#:
Revision No.:		



CATAWBA COUNTY EXPRESS PLAN REVIEW APPLICATION

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

Date: _____
Time: _____
Name: _____

www.CatawbaCountyNC.gov

CATAWBA COUNTY ENVIRONMENTAL HEALTH CONTACT INFORMATION FOR PLAN REVIEW

100A Southwest Boulevard, Newton, NC 28658
(828) 465-8270 phone (828) 465-8276 fax

FLI Case # _____ **Plan Case #** _____

PROPERTY LOCATION

Property ID# * _____ - _____ - _____

Street Address * _____

City * _____ Zip * _____

BUSINESS NAME *

Mailing Address * _____

Address 2 * _____

City * _____ Zip * _____

Phone * _____

OWNER NAME

Mailing Address _____

Address 2 _____

City _____ Zip _____

Phone _____

ARCHITECT

Contact Address _____

Address 2 _____

City _____ Zip _____

Phone _____

CONTRACTOR

Contact Address _____

Address 2 _____

City _____ Zip _____

Phone _____

Contact Information Sheet and \$250 fee required to begin plan review process

Complete and return Food Establishment Application * Required field

Applicant Signature _____ Date _____



**CITY OF HICKORY
COMMERCIAL APPLICATION FOR GRADING PERMIT**

(This application becomes a permit upon approval by the Engineering Division)

If proposed land disturbance is 1 ACRE or MORE, applicant must obtain Erosion & Sedimentation Control Plan approval from Catawba County Erosion & Sediment Control. (828-465-8161)

PARCEL IDENTIFICATION NO. _____

PROJECT ADDRESS: _____

THE **PROPOSED** USE FOR THIS BUILDING OR LAND IS: _____

THIS BUILDING OR LAND WAS **PREVIOUSLY USED** FOR: _____

LIST **PHYSICAL CHANGES** TO BUILDING OR LAND: _____

APPLICANT: _____ APPLICANT'S TELEPHONE NO.: _____

APPLICANT'S ADDRESS: _____

APPLICANT'S FAX: _____ APPLICANT'S E-MAIL: _____

PROPERTY OWNER: _____ OWNER'S TELEPHONE NO.: _____

OWNER'S ADDRESS: _____

BUSINESS NAME IF DIFFERENT FROM ABOVE: _____

APPLICANT'S SIGNATURE: _____

FOR ENGINEERING DIVISION USE ONLY

GRADING PERMIT APPROVED: _____ DATE: _____

CONDITIONS OF APPROVAL: _____

GRADING PERMIT DISAPPROVED: _____ DATE: _____

REASONS FOR DISAPPROVAL: _____

Received By: _____ Date: _____

CATAWBA COUNTY
Application for Erosion Control Permit



Office # 828-465-8161
Fax # 828-465-8392

PO Box 389
Newton, NC 28658
www.catawbacountync.gov

(Please Print or Type)

PROJECT NAME _____ **SOIL DISTURBANCE DATE** _____

PROPERTY LOCATION (Property ID #) _____

PHYSICAL STREET ADDRESS _____

PHYSICAL DIRECTIONS TO JOB SITE _____

FINANCIALLY RESPONSIBLE PARTY (Name) _____

Address _____

City State Zip

Phone _____

CONTRACTOR NAME _____

Address _____

City State Zip

Phone _____

Erosion Control Account # _____

Type of Use:

- | | | |
|---|--|---|
| <input type="checkbox"/> Accessory | <input type="checkbox"/> Assembly | <input type="checkbox"/> Business |
| <input type="checkbox"/> Condominium | <input type="checkbox"/> Education | <input type="checkbox"/> Factory/Industrial |
| <input type="checkbox"/> Institutional | <input type="checkbox"/> Mercantile | <input type="checkbox"/> Modular |
| <input type="checkbox"/> Multi-Family Residential | <input type="checkbox"/> Other/ See Description | <input type="checkbox"/> Residential Hotel |
| <input type="checkbox"/> Residential Townhouse | <input type="checkbox"/> Single Family Residential | <input type="checkbox"/> Storage/Warehouse |
| <input type="checkbox"/> Subdivision | <input type="checkbox"/> Two-Family Residential | <input type="checkbox"/> Utility |

Type of Work:

- | | | |
|---|---|--|
| <input type="checkbox"/> Additions | <input type="checkbox"/> Demolition | <input type="checkbox"/> New Building Construction |
| <input type="checkbox"/> Roadway Construction | <input type="checkbox"/> Utility Construction | |

Purpose of Development:

- | | | |
|--------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Industrial | <input type="checkbox"/> Institutional |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Church | |

Number of acres disturbed: _____

Signature: _____ **Date** _____

CATAWBA COUNTY SOIL EROSION AND SEDIMENTATION CONTROL

EROSION CONTROL PERMIT CARD MUST BE POSTED MUST BE VISIBLE FROM CONSTRUCTION ENTRANCE

CATAWBA COUNTY, NORTH CAROLINA CODE OF ORDINANCES

CHAPTER 31, SECTION 18

NOTICE OF VIOLATION

If the County determines that a person engaged in land-disturbing activity has failed to comply with the Act, this ordinance, or rules, or orders adopted or issued pursuant to this ordinance, a notice of violation shall be served upon that person. The notice may be served by any means authorized under GS 1A-1, Rule 4. The notice shall specify a date by which the person must comply with the Act, or this ordinance, or rules, or orders adopted pursuant to this ordinance, and inform the person of the actions that need to be taken to comply with the Act, this ordinance, or rules or orders adopted pursuant to this ordinance. Any person who fails to comply within the time specified is subject to additional civil and criminal penalties for a continuing violation as provided in G.S. 113A-64 and this ordinance.

CIVIL PENALTIES

Any person who violates any of the provisions of this ordinance, or rule or order adopted or issued pursuant to this ordinance, or who initiates or continues a land-disturbing activity for which a Plan is required except in accordance with the terms, conditions, and provisions of an approved Plan, is subject to a civil penalty. The maximum civil penalty amount that the County may assess per violation is five thousand dollars (\$5,000.00). A civil penalty may be assessed from the date of the violation. Each day of a continuing violation shall constitute a separate violation.

INSPECTIONS

Agents, officials, or other qualified persons authorized by the County will periodically inspect land-disturbing activities to ensure compliance with the Act, this ordinance, or rules or orders adopted or issued pursuant to this ordinance, and to determine whether the measures required in the Plan are effective in controlling erosion and sedimentation resulting from land-disturbing activity.

In accordance with the Federal Americans with Disabilities Act (ADA) individuals may request assistance or an interpreter for the deaf by contacting the Utilities & Engineering Department at (828) 465-8261. Access to the Government Center is at the main entrance doors. The elevator is located in the main lobby.

**PLAN REVIEW/FINANCIAL RESPONSIBILITY/OWNERSHIP FORM
CATAWBA COUNTY CODE OF ORDINANCES, CHAPTER 16 ARTICLE V
SOIL EROSION AND SEDIMENTATION CONTROL**

No person may initiate any land-disturbing activity on one or more acres as covered by the Ordinance before this form and an acceptable erosion and sedimentation control plan have been completed and approved by the Catawba County Utilities and Engineering Department. (Please type or print, and if question is not applicable, place N/A in the blank)

PART A

1. Job Name _____
2. PIN or 911 address _____
3. Purpose of development (residential, commercial, industrial, institutional, etc.) _____
4. Approximate soil disturbance date _____
5. Total acreage disturbed or uncovered (including off-site borrow and waste areas) _____
6. Has an erosion and sedimentation control plan been filed? Yes ____ No ____ Attached ____
7. If you have an Erosion Control billing account, would you like this to be billed? Yes ____ No ____
Account number _____

PEOPLE

8. Person to contact should erosion and sediment control issues arise during land-disturbing activity
Name _____ E-mail address _____
Telephone _____ Cell # _____ Fax # _____
9. Landowner(s) of Record (attach accompanied page to list additional owners)

Name	Telephone	Fax Number
Current Mailing Address	Current Street Address	
City	State	Zip
City	State	Zip
10. Deed Book No. _____ Page No. _____

PART B

1. Person(s) or firm(s) who are financially responsible for the land-disturbing activity (Provide a comprehensive list of all responsible parties on an attached sheet):

Name	E-mail Address
Current Mailing Address	Current Street Address
City	City
State	State
Zip	Zip
Telephone	Fax Number

2.(a) If the Financially Responsible Party is not a resident of North Carolina, give name and street address of the designated North Carolina Agent:

_____			_____		
Name			E-mail Address		
_____			_____		
Current Mailing Address			Current Street Address		
_____			_____		
City	State	Zip	City	State	Zip
_____			_____		
Telephone			Fax Number		

2. (b) If the Financially Responsible Party is a Partnership or other person engaging in business under an assumed name, **attach a copy of the Certificate of Assumed Name**. If the Financially Responsible Party is a Corporation, give name and street address of the Registered Agent:

_____			_____		
Name of Registered Agent			E-mail Address		
_____			_____		
Current Mailing Address			Current Street Address		
_____			_____		
City	State	Zip	City	State	Zip
_____			_____		
Telephone			Fax Number		

The above information is true and correct to the best of my knowledge and belief and was provided by me under oath (This form must be signed by the Financially Responsible Person if an individual or his attorney-in-fact, or if not an individual, by an officer, director, partner or registered agent with the authority to execute instruments for the Financially Responsible Person). I agree to provide corrected information should there be any change in the information provided herein.

Type or print name	Title or Authority

Signature	Date

I, _____, a Notary Public of the County of _____ State of North Carolina, hereby certify that _____ appeared personally before me this day and being duly sworn acknowledge that the above form was executed by him.

Witness my hand and notary seal, this _____ day of _____, 200__.

Seal

Notary

My commission expires _____

Catawba County
Department of Utilities and Engineering

EROSION AND SEDIMENTATION CONTROL PLAN CHECKLIST

The following items shall be incorporated with respect to specific site conditions, in an erosion and sedimentation control plan.

LOCATION INFORMATION

- ___ Project location
- ___ Roads, streets
- ___ North arrow
- ___ Scale
- ___ Adjoining lakes, streams or other major drainage ways

GENERAL SITE FEATURES

- ___ North arrow
- ___ Scale
- ___ Property line
- ___ Legend
- ___ Existing contours
- ___ Proposed contours
- ___ Limit and acreage of disturbed area
- ___ Planned and existing building locations and elevations
- ___ Lot and/or building numbers
- ___ Land use of surrounding area
- ___ Rock outcrops
- ___ Seeps or springs
- ___ Wetland limits
- ___ Easements
- ___ Streams, lakes, ponds, drainage ways, dams
- ___ Boundaries of the total tract
- ___ If the same person conducts the land disturbing activity and any related borrow or waste activity, the related borrow or waste activity shall constitute part of the land disturbing activity unless the borrow or waste activity is regulated under the Mining Act of 1971 or is a landfill regulated by the Division of Solid Waste Management. If the land disturbing activity and any related borrow or waste activity are not conducted by the same person, they shall be considered separate land disturbing activities
- ___ Stockpiled topsoil or subsoil locations
- ___ Street profiles

SITE DRAINAGE FEATURES

- ___ Existing and planned drainage patterns (include off-site areas that drain through the project)
- ___ Size of areas to be disturbed (acreage)
- ___ Size and location of culverts and sewers
- ___ Soils information (type, special characteristics)
- ___ Design calculations for peak discharges of runoff (including the construction phase and final runoff coefficients of the site)
- ___ Design calculations and construction details for culverts and storm sewers.
- ___ Design calculations, cross sections and method of stabilization of existing and planned channels (include temporary linings)
- ___ Design calculations and construction details of energy dissipaters below culvert and storm sewer outlets (for rip-rap aprons include stone sizes (diameters and apron dimensions))
- ___ Soil information below culvert storm outlets

- ___ Design calculations and construction details to control groundwater, i.e. seeps, high water table, etc.
- ___ Names of receiving watercourse or name of municipal operator (only where stormwater discharges are to occur)

EROSION CONTROL MEASURES

- ___ Legend
- ___ Location of temporary and permanent measures
- ___ Construction drawings and details for temporary and permanent measures
- ___ Design calculations for sediment basins and other measures
- ___ Maintenance requirements during construction
- ___ Person responsible for maintenance during construction
- ___ Maintenance requirements and responsible person(s) of permanent measures

VEGETATIVE STABILIZATION

- ___ Areas and acreage to be vegetatively stabilized
- ___ Planned vegetation with details of plants, seed, mulch, and fertilizer
- ___ Specifications for permanent and temporary vegetation
- ___ Method of soil preparation

NOTE: Should include provision for ground cover on exposed slopes within 15 working days or 30 calendar days following completion of any phase of grading, permanent ground cover for all disturbed areas within 15 working days or 90 calendar days (whichever is shorter) following completion of construction or development)

OTHER REQUIREMENTS

- ___ Narrative describing construction sequence (as needed)
- ___ Narrative describing the nature and purpose of the construction activity
- ___ Completed Financial Responsibility/Ownership Form (to be signed by person financially responsible for project)
- ___ Bid specifications regarding erosion control
- ___ Construction sequence related to sedimentation and erosion control (include installation of critical measures prior to initiation of land disturbing activities and removal of measures after areas they serve have been permanently stabilized)



Fire Only _____
Bldg/Fire _____

CITY OF HICKORY COMMERCIAL ZONING APPLICATION

(A City of Hickory application becomes a permit upon approval by a City of Hickory Zoning Administrator)
Office (828) 323-7410 Fax (828) 323-7474

Parcel ID No. (If Known): _____ Date: _____

Physical Address: _____

The Proposed Use For This Building Or Land Is (Specific): _____

The Building Or Land Was Previously Used For (Specific): _____

List Physical Changes To Building Or Land: _____

Is The Proposed Land Disturbance Under One (1) Acre?

- Yes, Please complete the City of Hickory Application for Grading Permit
- No, Permit for Erosion & Sedimentation Control Plan from Catawba County Erosion Control must be forwarded to the City of Hickory Engineering Department for plan approval.
- N/A, No land will be disturbed as part of this work

Pre-Application Requirement: All projects that involve the construction, renovation, or addition to a structure of 15,000 ft² of floor area, create multiple principal structures, require the creation of new streets or utility line extensions, and/or generate a significant increase in traffic are required to have a pre-application conference with staff, prior to the submission of this application and plans.

Applicant: _____ Applicant's Telephone No.: _____

Applicant's Address: _____

Applicant's Fax: _____ Applicant's E-mail: _____

Property Owner: _____ Owner's Telephone No.: _____

Owner's Address: _____

Business Name If Different From Above: _____

Applicant's Signature: _____ Date: _____

FOR PLANNING & DEVELOPMENT USE ONLY

- | | | |
|---|---|--|
| <input type="checkbox"/> Change In Use | <input type="checkbox"/> Remodeling | <input type="checkbox"/> Accessory Structure |
| <input type="checkbox"/> Change in Occupancy | <input type="checkbox"/> Home Occupation | <input type="checkbox"/> Temp. Const. Office |
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Manufactured Housing | <input type="checkbox"/> Parking/Loading |
| <input type="checkbox"/> Interior Renovations | Other: _____ | |

FOR ZONING ADMINISTRATOR USE ONLY

REFERENCE NUMBER _____ ZONING DISTRICT _____ OVERLAY DISTRICT _____

- | | | |
|--|---|--|
| <input type="checkbox"/> Front Setback | <input type="checkbox"/> Approved PD | <input type="checkbox"/> Size of Lot |
| <input type="checkbox"/> Rear Setback | <input type="checkbox"/> Approved Minor PD | <input type="checkbox"/> Use Permitted |
| <input type="checkbox"/> Side Setback | <input type="checkbox"/> Flood Plain | <input type="checkbox"/> Trees Required |
| <input type="checkbox"/> Side Street Setback | <input type="checkbox"/> Elevation Certificate Required | <input type="checkbox"/> Airport Ordinance |
| <input type="checkbox"/> Maximum Height | <input type="checkbox"/> Watershed III IV Protected | <input type="checkbox"/> Critical |

Other (Describe): _____

Zoning Approved: _____ Date: _____

Zoning Administrator

Conditions of Approval: _____

No building, structure or zoning lot for which a zoning compliance permit has been issued shall be used or occupied until the Planning Director has, after final inspection, issued a certificate of zoning compliance.

Zoning Disapproved: _____ Date: _____

Zoning Administrator

Reasons for Disapproval: _____



CATAWBA COUNTY
EXPRESS PLAN REVIEW APPLICATION

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

Date: _____
 Time: _____
 Name: _____

www.CatawbaCountyNC.gov

NUMBER OF PLANS NEEDED FOR COMMERCIAL PLAN REVIEW

Each Jurisdiction within Catawba County has different requirements concerning the number of Plans required for commercial plan review. Use the following information to determine the number of plans that must be submitted to the **Catawba County Permit Center** for each project. **A separate Plan submittal will be required for EACH BUILDING submitted for a project.** Approval from all applicable jurisdictions must be received prior to any building permits being issued.

Jurisdiction	Number of Plans *	Additional Requirements
Town of Brookford (828) 322-4903	2 Full Sets with Site Plans	Brookford Zoning Department requires plans be submitted to their office in addition to those listed here.
City of Claremont (828) 459-7009	2 Full Sets with Site Plans	Claremont Zoning Department requires plans be submitted to their office in addition to those listed here.
City of Conover (828) 464-1191	1 Full Sets with Site Plans	Conover Zoning Department requires plans be submitted to their office in addition to those listed here.
Catawba County (828) 465-8380	3 Full Sets with Site Plans	A Zoning Application must be submitted with plans.
City of Hickory (828) 323-7422	6 Full Sets with Site Plans	A Zoning Application and <u>Grading application</u> must be submitted with plans.
Town of Longview (828) 322-3921	2 Full Sets with Site Plans	Longview Zoning Department requires plans be submitted to their office in addition to those listed here.
Town of Maiden (828) 428-5000	2 Full Sets with Site Plans	Maiden Zoning Department requires plans be submitted to their office in addition to those listed here.
City of Newton (828) 465-7400	1 Full Sets with Site Plans	Newton Zoning Department requires plans be submitted to their office in addition to those listed here.
Town of Catawba (828) 241-2215	2 Full Sets with Site Plans	Town of Catawba Zoning Department requires plans be submitted to their office in addition to those listed here.

*See attached Environmental Health Notice to determine if an additional set of plans is required for Health Department Review.

Fire Prevention Plan Review

The following jurisdictions have their own Fire Inspection Bureau's. Any project with Sprinklers, Automatic Fire Suppression systems, Fire Alarm Systems, or Hazardous Occupancies, must obtain separate approval and permits from these jurisdictions. All other areas within Catawba County will be administered by the Catawba County Fire Marshal's Office.

Hickory	City of Hickory Fire Prevention Bureau (828) 323-7522
Conover	City of Conover Fire Prevention Division (828)464-1191
Newton	City of Newton Division of Fire Prevention (828) 695-4284



CATAWBA COUNTY EXPRESS PLAN REVIEW APPLICATION

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

Date: _____
Time: _____
Name: _____

www.CatawbaCountyNC.gov

ENVIRONMENTAL HEALTH PLAN REVIEW NOTICE

If you will be commencing construction or operation of any of the uses listed below, you must also apply to the Catawba County Environmental Health department and submit a plan review application and provide a set of plans for review. A Catawba County Environmental Health Contact Info form must also be completed and submitted with the plan. If there is not an appropriate application to fill out for your type of construction, then submit the plans along with the contact info form.

Facilities serving food to the public must also submit a "Food Service Plan Review" application and a \$250.00 plan review fee. Public swimming pools and spas also submit the "Application for Public Swimming Pool Operation Plan Review" and a \$300.00 plan review fee.

Tattoo establishments must also submit "a Tattoo Plan Review application" and a \$265.00 plan review fee. The forms are available at the Catawba County Building Services, or on the Environmental Health website at

<http://www.catawbacountync.gov/environmentalhealth>

The General Statutes of North Carolina, under Public Health Law, § GS 130A, prohibits commencing construction on these types of facilities without first submitting plans and receiving approval from the local Environmental Health Department.

- Restaurant or any other facility selling food to the public
- Meat Market
- School Building or Lunchroom, public or private (includes colleges)
- Commissaries
- Elderly Nutrition Site
- Sport concession stand
- Hotel, Motel, or other Lodging establishment
- Bed and Breakfast Home or Inn
- Summer Camp
- Rest or Nursing Home
- Hospital
- Child Day Care Facility
- Migrant Housing
- Residential Care
- Jail
- Orphanage, Children's Home or similar
- Tattoo Parlor
- Swimming pool, spa, water spray area or other public impoundment of water (except single-family private residences)

If you have questions regarding whether your facility must obtain a plan review and permit from the Environmental Health Department, please call (828) 465-8270, or visit our offices, located in the Catawba County Government Center at 25 Government Dr, in Newton, North Carolina.

Please note if the food service establishment is a franchised or chain establishment an express plan review from Catawba County Environmental Health cannot be completed. You must submit your plans to the State Environmental Health Plan Review Section for review. Please contact them at 1-919-707-5864 or visit their website @ <https://ehs.ncpublichealth.com/faf/food/planreview/app.htm>



CATAWBA COUNTY EXPRESS PLAN REVIEW APPLICATION

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

Date: _____

Time: _____

Name: _____

www.CatawbaCountyNC.gov

OCCUPANCY CLASSIFICATIONS AS DEFINED IN THE NC STATE BUILDING CODE

Please use these classifications

- A-1: Assembly, Theatres w/ Stage
- A-1: Assembly, Theatres w/o Stage
- A-2: Assembly, Nightclubs
- A-2: Assembly, Restaurant, Bar & Banquet Hall
- A-3: Assembly, Churches
- A-3: Assembly, Community Halls, Libraries
- A-4: Assembly, Arena
- B: Business, Office building,
- E: Educational
- F-1: Factory and Industrial, Moderate Hazard
- F-2: Factory and Industrial, Low Hazard
- H-1: High Hazard, Explosives
- H-2: High Hazard
- H-3: High Hazard
- H-4: High Hazard
- H-5: HPM
- I-1: Institutional, Supervised Environment
- I-2: Institutional, incapacitated
- I-3: Institutional, Restrained
- I-4: Institutional, Day Care Facilities
- M: Mercantile
- R-1: Residential, Hotels
- R-2: Residential, Multiple Families
- R-3: Residential, One-and-Two Family
- R-4: Residential, Care/Assisted Living Facilities
- S-1: Storage, Moderate Hazard
- S-2: Storage, Low Hazard
- U: Utility, Miscellaneous