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CATAWBA COUNTY
APPLICATION FOR BUILDING PERMIT

P.O. Box 389
 Newton, NC 28658
www.catawbacountync.gov

(Please Print or Type)

PROPERTY LOCATION Property ID# _____ Date _____

Physical Street Address _____ City: _____ State: _____ Zip Code: _____

YOU WILL BE ASKED TO GIVE DRIVING DIRECTIONS AT THE TIME OF ISSUING THE PERMIT

PROJECT TITLE _____

OWNER _____ Telephone (____) _____ Fax (____) _____

Address _____ City: _____ State: _____ Zip Code: _____

GENERAL CONTRACTOR _____ Contact Person _____

Telephone (____) _____ Fax (____) _____ Email _____

State License # _____ Classification _____ Federal ID # _____

Address _____

DESIGNER _____ Telephone (____) _____ Fax (____) _____ Email _____

SUBCONTRACTORS (Yes/No): Electrical Plumbing Heating A/C

SIGNS Wall Ground Height: _____ Width: _____ Total Sq. Footage: _____

TYPE OF USE (check all that apply)

- | | | | | |
|---|--|--|---|--------------------------------------|
| <input type="checkbox"/> Single Family (site built) | <input type="checkbox"/> Deck only | <input type="checkbox"/> Agricultural | <input type="checkbox"/> Hazardous | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Modular Dwelling | <input type="checkbox"/> Pier (Pvt/ Comm) | <input type="checkbox"/> Assembly | <input type="checkbox"/> Institutional | <input type="checkbox"/> Storage |
| <input type="checkbox"/> Duplex | <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Business | <input type="checkbox"/> Mercantile | <input type="checkbox"/> Tower |
| <input type="checkbox"/> Townhouse | <input type="checkbox"/> Accessory Structure | <input type="checkbox"/> Educational | <input type="checkbox"/> Multi-Residential | <input type="checkbox"/> Utility |
| <input type="checkbox"/> Condominium | <input type="checkbox"/> Modular Office | <input type="checkbox"/> Factory/ Industrial | <input type="checkbox"/> Recreation Vehicle | <input type="checkbox"/> Other _____ |

TYPE OF WORK New Addition Alteration Chg out Existing Demolition Foundation Mixed Add/Alter Rehab
 Repairs Safety Inspection Shell-In Upfit Temp Event Relocate Dwelling _____

Prior Address of House Relocated

TYPE OF CONSTRUCTION (Circle) I II III IV V Protected (A) Unprotected (B) **Temp Saw Pole Y / N**

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

Garage Sq Ft _____ Bonus Rm Sq Ft _____ (finished/unfinished) Basement Sq Ft _____ (finished/unfinished)

1st Floor Sq Ft _____ 2nd Floor Sq Ft _____ Attic Sq Ft _____ Exterior Finish _____

Total # Rms _____ # of Units _____ # of Stories _____ Full Bathrooms _____ Half Bathrooms(Toilet & Sink only) _____

Bedrooms _____ Fireplace openings _____ (masonry, prefab/gas, prefab/wood) Building Height _____

Type of Heat _____ Type of Foundation _____ Length of Dock/ Pier _____

SEWER TYPE Septic Tank City Sewer / Private System _____

WATER SUPPLY Well Community Well City _____

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.

\$ _____
 Project cost

 Owner / Agent Signature

 Date