

Phone: (828) 465-8399
25 Government Dr, Newton, NC 28658
PO Box 389, Newton, NC 28658

CATAWBA COUNTY

Application for Trade Permit

Applications may be:
Faxed to: (828) 465-8962 or
Emailed to: permitapps@catawbacountync.gov

Type of Permit: Electrical Plumbing Mechanical Date: _____

Please check this box if you are performing the complete installation or replacement of the following items: Dish Washer, Gas Dryer, Gas Cook Stove/Oven, Gas Logs, or Water Heater. Please provide both company names, if different, and each license number in the section below.

Active Building / Mobile Home Permit # _____ **Name of Business (if Commercial)** _____

Structure Use: Mobile Home Single Family Multi-family Commercial Industrial/Factory Church Owned Gov't Owned Accessory

Physical 911 Address of Project: _____

Property Owner's Name: _____ Telephone: _____

Address (if different from (911 Address): _____

Trade Contractor: _____ / _____ Telephone: _____

Address: _____ License # _____ / _____

Power/Utility Company Servicing the Location: _____ **Type of Gas Service (Nat. or Propane)** _____

DESCRIBE WORK TO BE DONE UNDER THIS PERMIT: _____

ELECTRICAL (List each panel separately) Panel #1 _____ Amps Panel #2 _____ Amps Panel #3 _____ Amps Panel #4 _____ Amps

- | | | |
|---|---|--|
| <input type="checkbox"/> New Building Wiring | <input type="checkbox"/> Solar Panels | <input type="checkbox"/> Service Change _____ Amps |
| <input type="checkbox"/> Additional Service (Existing Bldg) | <input type="checkbox"/> RV Service | <input type="checkbox"/> Wire Mech Unit Total # _____ |
| <input type="checkbox"/> Addition of Sub Panel | <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Low Voltage (Except wireless systems) _____ Volts |
| <input type="checkbox"/> Saw Service | <input type="checkbox"/> Modular Home | <input type="checkbox"/> Interior wiring |
| <input type="checkbox"/> Sign Service or Pole Service | <input type="checkbox"/> Service Repair | <input type="checkbox"/> Other _____ |

Swimming Pool (Work you will perform) Bonding Assoc. Wiring **TOTAL ELECTRICAL COST \$** _____

OPTIONAL PERMIT: Associated wiring for Water Heater, Dishwasher, Disposal change out or Light Fixture and Electrical Device Replacement with no additional relocation of existing wiring.

PLUMBING (include all future rooms that may be roughed in)

- | | | |
|---|--|---|
| <input type="checkbox"/> NEW Full Bathrooms Total # _____ | <input type="checkbox"/> Water Heater (Electric) Total # _____ | <input type="checkbox"/> DWV System |
| <input type="checkbox"/> NEW Half Bathrooms Total # _____ | <input type="checkbox"/> Water/Sewer Service Line Only | <input type="checkbox"/> NEW Fixtures Total # _____ |
| <input type="checkbox"/> Mobile Home (new set-up) | <input type="checkbox"/> Modular Home | <input type="checkbox"/> Other _____ |

OPTIONAL PERMIT - The following permits are ONLY optional if the replacement does not change the capacity, design or location OR does not change the fuel, energy source, location, or routing or sizing of venting and piping in a 1-2 Family Dwelling.

Replacement of: Water Service Line Sewer Service Line Interior Drain Line Water Heater (Electric)

MECHANICAL (Check One) New Installation Change Out Existing System-***Total AC tonnage in existing building** _____ tons

- | | | |
|--|--|--|
| <input type="checkbox"/> Heat Pump, Furnace w/ A/C or Gas Pack**
Total # _____ Capacity in Tons _____ | <input type="checkbox"/> Air Condition**
Total # _____ Capacity in Tons _____ | <input type="checkbox"/> Gas Line/Pressure Test*** |
| <input type="checkbox"/> Furnace (circle: Oil, Gas or Elec) Total # _____ | <input type="checkbox"/> Water Heater (Gas) Total # _____ | <input type="checkbox"/> Mobile Home |
| <input type="checkbox"/> Unit Heat Total # _____ | <input type="checkbox"/> Gas Logs*** Total # _____ | <input type="checkbox"/> Modular Home |
| | | <input type="checkbox"/> Other _____ |

OPTIONAL PERMIT - Water Heater Replacement (Gas) replacement does not change the fuel, energy source, location, or routing or sizing of venting and piping in a 1-2 family Dwelling.

**All units for the same building, where the condition air communicates, must be added together for total tonnage. This applies for new or change out of units per the Licensing Board

***All new installation or modifications of gas lines must submit a Gas Line Diagram for review before permitted

All fees entered by Permit Center, DOUBLE FEE charged for work started prior to obtaining permits

The undersigned makes application for permits and inspection of work described and agrees to comply with all applicable State, County codes and laws regulating the work.

Print Name _____
(Trade Contractor/License Holder/Owner)

Signature: _____
(Trade Contractor/License Holder/Owner)