



**AUTHORIZED PERMIT COORDINATOR FORM**

CATAWBA COUNTY PERMIT CENTER

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

Phone: (828) 465-8399 | Email: [permitapps@catawbacountync.gov](mailto:permitapps@catawbacountync.gov)

**Project Address:** \_\_\_\_\_

Project Description: \_\_\_\_\_

**Owner Name:** \_\_\_\_\_

Owner Phone Number: \_\_\_\_\_

**Contractor Name:** \_\_\_\_\_

License # (if applicable): \_\_\_\_\_

Contractor Address: \_\_\_\_\_

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*The following company/person has authorization to apply for permits for the above stated project on behalf of the above named contractor **for this project only.***

**Authorized Permit Coordinator:** \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

APC Address: \_\_\_\_\_

APC Phone Number: \_\_\_\_\_

\_\_\_\_\_  
*(Signature of Named Contractor)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Printed Name of Named Contractor)*

I, \_\_\_\_\_, a Notary Public of the County of \_\_\_\_\_

in the 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 \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
*(Signature of Notary Public)*

Notary Stamp or Seal

My commission expires \_\_\_\_\_