



CATAWBA COUNTY
APPLICATION FOR SAFETY PERMIT
 P.O.BOX 389, NEWTON, NORTH CAROLINA 28658
 OFFICE NUMBER: (828) 465-8399
 EMAIL ADDRESS: PermitApps@CatawbaCountyNC.gov

www.CatawbaCountyNC.gov

(Please Print or Type)

Date: _____

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

BUSINESS NAME: _____

APPLICANT: _____ Telephone (____) _____ Email: _____

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

Contact Person: _____ Telephone (____) _____ Email _____

BUILDING OWNER: _____ Telephone (____) _____ Email _____

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

INSPECTION REQUESTED BY: Bldg Inspector Lessee/Owner Fire Prevention Zoning A-L-E Other _____

Requested By: _____

(Individuals name)

Please provide details below for the type of business and what they did for the last and current tenant:

PREVIOUS USE: _____

PROPOSED USE: _____

TOTAL SQ FT: _____ **Fire District:** _____ **Zoning District:** _____

TYPE OF WORK PLANNED: Alteration Addition Chg of Use Interior Demo Rehab (MUST HAVE SAFETY INSP)

Describe any work planned: _____

(If your project involves work requiring plans by an architect or an engineer, a Safety Inspection will not be required)

Utilities Connected: Individual Well Community Well Public Water Unknown

Individual Septic Public Sewer Unknown

SPECIAL EVENT: DATES/ TIMES: _____

A Special event permit is only required if a stage is to be constructed and/or temporary electrical will be provided by generator or temporary means. Any inspections required to be conducted during non-business hours of the county will be charged an after hour's rate of \$105 per hour or fraction thereof per the Catawba County Fee Schedule. Prearrangement of after hour's inspections is required at the time of permitting.

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.

Applicant Printed Name

Applicant Signature

Date

ZONING OFFICE USE ONLY

Approved Use _____

Building Fire Only Zoning

Approving Zoning Official's Signature