

ZONING PERMIT

Town of Catawba



DATE: _____

ZONING PERMIT NO: _____

APPLICANT/BUSINESS NAME: _____ PHONE NO: _____

ADDRESS OF PROPERTY: _____

PROPERTY OWNER NAME (if different from applicant name): _____

MAILING ADDRESS (if different from project address): _____

PROPERTY IDENTIFICATION NUMBER (PIN): _____

- PERMIT REQUESTED:
- | | |
|---|---|
| <input type="checkbox"/> NEW CONSTRUCTION | <input type="checkbox"/> EXCAVATION/FILLING |
| <input type="checkbox"/> REMODELING | <input type="checkbox"/> MECHANICAL |
| <input type="checkbox"/> EXPANSION/ALTERATION | <input type="checkbox"/> ELECTRICAL |
| <input type="checkbox"/> MANUFACTURED HOME | <input type="checkbox"/> SEPTIC TANK |
| <input type="checkbox"/> HOME OCCUPATION | <input type="checkbox"/> OCCUPANCY |
| <input type="checkbox"/> FENCING | <input type="checkbox"/> DEMOLITION (SEE BACK PAGE) |
| <input type="checkbox"/> ACCESSORY BUILDING | <input type="checkbox"/> SIGN (SEE BACK PAGE) |
| <input type="checkbox"/> GRADING | <input type="checkbox"/> SPECIAL EVENT |

DESCRIPTION OF WORK: _____

NOTES/CONDITIONS/REQUIREMENTS: _____

CONTRACTOR: _____ STATE LICENSE NO: _____

MAILING ADDRESS: _____ PHONE NO: _____

TOTAL ESTIMATED COST: \$ _____

ZONING INFORMATION: ZONING DISTRICT: _____ TOWN (04) EXTRA TERRITORIAL AREA (00)

TYPE OF USE: SINGLE FAMILY RESIDENTIAL INDUSTRIAL
 MULTI FAMILY RESIDENTIAL ACCESSORY
 COMMERCIAL INSTITUTIONAL

IS THIS PROPERTY WITHIN A WATERSHED CRITICAL AREA?

NO YES / COMM. PANEL # _____

FLOOD PLAIN ZONE: _____

WILL THIS DEVELOPMENT/REDEVELOPMENT DISTURB >1 ACRE?

NO YES (IF YES, STORMWATER PERMIT REQUIRED)

APPLICATION CONTINUED ON REVERSE SIDE

BUILDING SETBACKS: FRONT _____ SIDE _____ REAR _____

() CORNER LOT - SIDE ROAD _____

() 1 STORY () 2 STORY () SPLIT LEVEL

LOT AREA: _____

TYPE OF DRIVEWAY PERMIT REQUIRED:

() TOWN OF CATAWBA () NC DOT () NOT APPLICABLE

UTILITIES INFORMATION:

UTILITY SERVICE: () PUBLIC WATER () SEPTIC TANK

() PUBLIC SEWER () GAS

() WELL () ELECTRICITY

REQUIRED OFF STREET PARKING SPACES: _____

PROPOSED OFF STREET PARKING SPACES: _____

DEMOLITION PLANS:

WHERE IS THE DUMPSITE? _____

WHICH ROADS/STREETS WILL BE TRAVELED? _____

WHAT TYPE OF MATERIALS WILL BE DUMPED? _____

SIGN INFORMATION:

HEIGHT OF SIGN: _____

AREA (SQUARE FEET): _____

DISTANCE FROM RIGHT OF WAY: _____

TYPE OF SIGN: () FREE-STANDING () BANNER (Temporary)

() WALL ATTACHED () OFF SITE

() PORTABLE (Temporary) () SUSPENDED

WILL SIGN HAVE ELECTRICAL SERVICE? () YES () NO

TYPE OF ILLUMINATION: _____

NOTES: _____

I do hereby certify that the foregoing statements are accurate and correct to the best of my understanding and knowledge, and I agree to conform to all Town Ordinances and Laws of the State of North Carolina regulating such work and any plans or specifications submitted.

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF ZONING ADMINISTRATOR: _____ DATE: _____

An approved Permit shall expire and be canceled unless the work authorized by it shall have begun within six (6) months of its issued date.

ZP 2018

COST OF PERMIT:	(\$25) SINGLE AND TWO-FAMILY RESIDENTIAL	(\$15) RESIDENTIAL ACCESSORY USE
	(\$50) MULTI-FAMILY RESIDENTIAL	(\$15) SIGN PERMIT
	(\$50) NON-RESIDENTIAL ZONING	(\$35) OCCUPANCY
	(\$15) RESIDENTIAL ALTERATION/ADDITION	(\$30) NON-RESIDENTIAL ALTERATION/ADDITION