ZONING CLEARANCE PERMIT APPLICATION CITY OF NEWTON PLANNING DEPARTMENT PO BOX 550 NEWTON, NC 28658 (828)695-4305			
Project Information			
Project Address or Location:			
Name of Project or Business (if non-residential): $_$			
Pin:	Area Disturbed:	Esti	mated Cost: \$
Project Description (as applicable, provide dimension	& square footage for all	new structures, a	dditions, signs, etc) :
Type of Permit Needed: Image: New Construction Image: Sign Image: Mobile Home Image: Addition Image: Grading Image: Structure Moving	□ Remodel/alterat	ion □Occupa □Accesso	ncy Change or Use Change ory
Type of Use:			
□ Single-Family Residential □ Comme	ercial	1 🗆	Non-Profit/Governmental
Multi-Family Residential Industr	ial		
Applicant Information			
Name:		Phone:	
Address:		Email:	
City:		State:	Zip Code:
Property Owner Information (if different)			
Name:		Phone:	
Address:			
City:		State:	Zip Code:
Acknowledgment			
I do hereby certify that the foregoing statements are a knowledge and that I agree to conform to all City Ord such work and any plans or specifications submitted. and omissions of the information provided on this app associated with the issuance of this Permit by the Cit after a one year lapse in work.	inances and Laws of With my signature b blication together with	the State of Nor elow, I assume any plans and/o	th Carolina regulating responsibility for all errors or other documents
Signature of Applicant:		Date:	
			Version: 1/3/2022

CITY OF NEWTON PLANNING DEPARTMENT ZONING CLEARANCE PERMIT REQUIREMENTS

PRIOR TO THE ISSUANCE OF A ZONING CLEARANCE PERMIT, THE FOLLOWING INFORMATION MUST BE SUBMITTED FOR REVIEW TO ENSURE COMPLIANCE WITH THE ZONING ORDINANCE. PLEASE FOLLOW THESE GUIDELINES CAREFULLY WHEN SUBMITTING PLANS.

PLEASE ALLOW APPROXIMATELY SEVEN (7) BUSINESS DAYS FOR PLAN REVIEW. FORMAL REVIEW WILL TAKE PLACE UPON RECEIPT OF A COMPLETE APPLICATION, INCLUDING ALL REQUESTED DOCUMENTS. AN INCOMPLETE SUBMITTAL WILL RESULT IN DELAYS.

1. A SURVEY IS REQUIRED FOR ALL NEW DEVELOPMENT (AS DESCRIBED BELOW). STAFF MAY WAIVE THE SURVEY REQUIREMENT BASED UPON A FINDING THAT COMPLIANCE CAN BE VERIFIED WITH ALTERNATIVE INFORMATION PROVIDED BY THE APPLICANT.

INFORMATION REQUIRED ON SURVEY

- ENGINEER SCALE (1:10, 1:20, 1:30, 1:40, 1:50, 1:60)
- COUNTY PARCEL ID NUMBER
- PROPERTY LINES
- TOTAL PARCEL AREA (IN SQUARE FEET OR ACRES)
- EXISTING STRUCTURES
- OVERLAY DISTRICT BOUNDARY (FLOODPLAIN, WATERSHED, HIGHWAY PROTECTION)
- ZONING DISTRICT
- DISTRICT SETBACK REQUIREMENTS
- RIGHTS OF WAY
- EASEMENTS
- PROPOSED DEVELOPMENT (PLEASE INCLUDE STRUCTURES AND TOTAL LIMIT OF DISTURBANCE)
- TOTAL AREA FOR PROPOSED STRUCTURES
- WATER, SEWER, GAS, ELECTRIC, AND/OR STORM DRAIN INFRASTRUCTURE
- SERVICE CONNECTIONS
- THREE (3) COMPLETE SETS OF PLANS (AS DESCRIBED BELOW) are necessary for all projects with the exception of single-family, manufactured home, and two-family residential construction).

REQUIRED PLAN SHEETS

- FLOOR PLAN
- PLUMBING
- ELECTRICAL
- HVAC
- FIRE PROTECTION
- GRADING, EROSION CONTROL, STORMWATER (IF APPLICABLE)
- ELEVATION CERTIFICATE (IF APPLICABLE)
- 3. APPROVED DRIVEWAY PERMIT(S) (IF APPLICABLE).

UPON ISSUANCE OF THIS ZONING CLEARANCE PERMIT, YOU WILL ALSO NEED TO OBTAIN A BUILDING PERMIT FROM THE CATAWBA COUNTY BUILDING INSPECTIONS DEPARTMENT. THEY CAN BE CONTACTED BY PHONE AT 828-465-8399.

PLEASE CONTACT THIS OFFICE BEFORE FOOTINGS ARE POURED AND AT THE COMPLETION OF CONSTRUCTION SO THAT WE MAY CONDUCT THE NECESSARY INSPECTIONS. A CERTIFICATE OF OCCUPANCE WILL NOT BE ISSUED UNTIL THESE INSPECTIONS HAVE BEEN MADE.

IF THE SITE WILL BE SERVICED BY ANY CITY UTILITY SERVICES, PLEASE CONTACT THE CUSTOMER SERVICE DEPARTMENT TO SET UP AN ACCOUNT AND ACQUIRE NECESSARY TAPS AND METERS. THE CITY OF NEWTON CUSTOMER SERVICE DEPARTMENT PHONE NUMBER IS 828-695-4301.