



GASTON COUNTY BUILDING INSPECTIONS DEPARTMENT

PO BOX 1578 . 128 W. MAIN AVE. GASTONIA, NC. 28053

PHONE (704) 866 -3155 FAX: (704)-866-3966

Web Address: www.Gastongov.com

- Need written approval from the Local Zoning Jurisdiction (City) or Gaston County Zoning.**
- In all cases, address verification from Gaston County Zoning (704.866.3075) is required. Written verification of this must be provided unless done in person at the front desk area.**
- Include a copy of the Asbestos Survey Report.**
- The affidavit for workers compensation coverage Appendix D must be submitted when applicable.**

COMMERCIAL DEMOLITION PERMIT APPLICATION

PERMIT NUMBER _____

PROJECT NAME: _____

PROJECT ADDRESS: _____

DIRECTIONS TO PROJECT: _____

OWNER'S NAME: _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE _____

GENERAL CONTRACTOR _____ GENERAL CONTRACTOR'S
STATE LICENSE NUMBER _____
ADDRESS _____ CITY _____ ZIP _____ GASTON CO.COMPUTER NO. _____
OFFICE PHONE _____
CONTACT PERSON _____ PHONE _____ CELL PHONE _____

DESCRIPTION OF STRUCTURE:

BUILDING HEIGHT: Stories _____ Feet _____

TYPE OF CONSTRUCTION: _____

BUILDING AREA _____ SQ. FT.

OCCUPANCY CLASSIFICATION: _____

Asbestos Abatement Certification

The person signing this application certifies that the property at the project address will be in compliance with all applicable North Carolina and Federal statutes regarding asbestos abatement for buildings. It is the responsibility of the applicant to contact the Health Hazards Control Unit, NC DHHS/Division of Public Health to obtain any permits required specifically for asbestos removal or abatement. A copy of a completed Asbestos Survey Report for the structure/tenant space to be demolished must be submitted with this application.

NOTICE

This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended, or abandoned for a period of 12 months at any time after work is started. Inspections are required to confirm work in progress. A Saw Service is not considered a start.

I hereby certify that I have read and examined this document and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. Granting of a permit does not presume to give authority to violate or cancel the provisions of any state or local law regulating construction or the performance of construction.

DATE: _____

SIGNATURE OF PROPERTY OWNER.

MAY BE SIGNED BY CONTRACTOR ACTING AS AUTHORIZED AGENT OF PROPERTY OWNER.



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APPENDIX D

AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE

NCGS 87-14

The undersigned applicant for Building Permit # _____ being the

_____ Contractor

_____ Owner

_____ Officer / Agent of the Contractor or Owner

Do hereby attest under penalties of perjury that the person(s), firm(s), or corporations(s) performing the work set forth in the permit:

_____ has/have three (3) or more employees and have obtained workers' compensation insurance to cover them,

_____ has/have one (1) or more subcontractor(s) and have obtained workers' compensation insurance to cover them,

_____ has/have one (1) or more subcontractor(s) who has/have their own policy of workers' compensation covering themselves,

_____ has/have not more than two (2) employees and no subcontractors,

While working on the project for which this permit is sought. It is understood that the Inspection Department issuing the permit may require certificates of coverage of workers, compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm, or corporation carrying out the work.

Firm Name: _____

By: _____

Title: _____

Date: _____