



GASTON COUNTY BUILDING INSPECTIONS DEPARTMENT
 PO BOX 1578 . 128 W. MAIN AVE. GASTONIA, NC. 28053
 PHONE (704) 866 -3155 FAX: (704)-866-3966

DAY CARE LICENSE INSPECTION APPLICATION

PERMIT NUMBER _____

NOTE TO APPLICANT: PLEASE READ BEFORE FILLING OUT APPLICATION

A Day Care License Inspection assumes a single inspection to an existing building where the **occupancy classification has not changed** and there is no active Building Permit in force, in order to issue a Certificate of Occupancy. If necessary, one additional inspection at no charge will be performed in order to verify the correction of any minor deficiencies. **A trip fee of \$60 will be charged for each additional inspection.** Separate permits will be required for any building, electrical, plumbing, or mechanical work needed to correct any substantial deficiencies noted during inspections.

In most cases, a significant change in the use of the building will result in the need for a Building Permit to be issued (see Commercial Plan Review Submittal Requirements), and the existing building will have to be altered to meet all the requirements of the new use.

BUSINESS NAME: _____

ADDRESS: _____

DIRECTIONS TO BUSINESS: **Must be provided** _____

APPLICANT'S NAME: _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____ CELL PHONE _____

OWNER'S NAME: _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

PROPOSED USE OF BUILDING: _____

PREVIOUS USE: _____

BUILDING AREA _____ SQ. FT. NUMBER OF STORIES: _____ SPRINKLERED: YES _____ NO _____

FIRE ALARM: Yes _____ No _____ FIRE DISTRICT: Yes _____ No _____

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 APPLICANT _____