



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

RESIDENTIAL BUILDING PERMIT APPLICATION

PERMIT NUMBER _____

MASTER PLAN NUMBER _____

PROJECT ADDRESS (Including Lot Number) _____

DIRECTIONS TO PROJECT (must be Provided)

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

CONTRACTOR _____ **STATE LICENSE NUMBER** _____
ADDRESS _____ **CITY** _____ **ZIP** _____ **GASTON CO.COMPUTER NO.** _____
OFFICE PHONE _____ **CELL PHONE** _____
CONTACT PERSON _____ **PHONE** _____
 Email Address _____

SUBCONTRACTORS Provide the full name of the company, State License No. and the Gaston County computer number, if known.

ELECTRICAL _____ **LIC. NUMBER** _____ **COMPUTER NO.** _____
Phone Number _____
MECHANICAL _____ **LIC. NUMBER** _____ **COMPUTER NO.** _____
Phone Number _____
PLUMBING _____ **LIC. NUMBER** _____ **COMPUTER NO.** _____
Phone Number _____

DESCRIPTION OF STRUCTURE (check ALL that apply to your project)

SINGLE FAMILY RESIDENCE___ DUPLEX RESIDENCE___ TOWNHOME___ MODULAR HOME___
 FINISHED BASEMENT___ UNFINISHED BASEMENT___ ATTACHED GARAGE___ DETACHED GARAGE___
 ATTACHED CARPORT___ DETACHED CARPORT___ ACCESSORY STRUCTURE___ PIER/BOAT DOCK___

NUMBER OF STORIES _____ **NUMBER OF BEDROOMS** _____

(no room on plans may be listed as a "bonus room")

DESCRIPTION OF WORK (Check One- Please describe if "OTHER")

NEW___ ADDITION___ REMODEL___ DEMOLITION___ FIRE RESTORATION___ OTHER _____

If this section is not properly filled out and matching the plans it will cause a delay in the review process.

SQUARE FOOTAGES: APPLICANT MUST PROVIDE THE SQUARE FOOTAGE OF EACH PORTION OF STRUCTURE

TOTAL **NEW** HEATED AREAS _____ (Includes all new heated areas on all floors, including **finished** basements, etc.)
 UNFINISHED ROOMS _____ TOTAL OF ALL COVERED/UNCOVERED PORCHES, DECKS _____
 UNFIN. BASEMENT___ ATTACHED GARAGE___ DETACHED GARAGE___ STORAGE BLDG___
 PIER/BOAT DOCK___ ATTACHED CARPORT___ DETACHED CARPORT___ OTHER _____

UTILITIES:

CITY WATER _____ COMMUNITY WELL _____ PRIVATE WELL _____
 CITY SEWER: _____ COMMUNITY SEWER _____ PRIVATE SEWER _____

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

Lien Agent Information

*The following information is being supplied in accordance with North Carolina Senate bill 42
In order to obtain a building permit*

Address of project _____ Permit # _____

Lien Agent/Agency _____

Agent's address _____

Agent's Phone number _____

Agent's fax number _____

Agent's email _____

This information **MUST** be posted in a conspicuous place and **MUST** remain for the duration of the project.

NO inspections may take place without this document onsite.

Mission Statement

Gaston County seeks to be among the finest counties in North Carolina. It will provide effective, efficient and affordable services leading to a safe, secure and healthy community, an environment for economic growth, and promote a favorable quality of life.



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

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: _____



GASTON COUNTY

Department of Building Inspections

Mailing Address : P.O. Box 1578 Gastonia, N.C. 28053-1578 , Phone Number (704) 866-3155
Street Address : 128 W. Main Ave., Gastonia, N.C. 28053-1578 , Fax Number (704) 866-3966

RESIDENTIAL PERMIT APPLICATION SUBMITTAL CUSTOMER CHECKLIST FOR INTERIOR REMODELS

Please read each section carefully to determine if it applies. For sections that apply please note by checking appropriate box to indicate that you have all forms required in your packet. Include this checklist in your submittal packet.

- You will need a Gaston County residential application filled out **completely**.
- Plans will not be needed unless you are doing major structural work or adding to the footprint of your home. This permit is for interior remodels, interior repairs, fire and water damage.
- You must complete a **remodel checklist**.
- You will need zoning approval for all projects. If your project is in one of the towns, your zoning will come from them. For **example** if you live in Cherryville or Cherryville's ETJ they will be responsible for your zoning permit. If you are not in any towns jurisdiction you will get zoning from Gaston County. **704-866-3075**
- Address must be verified by Gaston County Zoning in writing unless done in person at the front desk.
- Written Health Department Approval is needed for interior remodels if you have private well and/or private septic system.
- You may need to complete an Appendix D for workers compensation.
- You may need a Lien Agent as required by N.C.
- If owner is acting as contractor and work is **\$30,000** or more a General Contractor Exemption Application must be completed.
- You will need to bring all applicable forms to our office at 128 W. Main St. in Gastonia. Most remodel permits are issued the same day by our permitting clerks.

Mission Statement

Gaston County seeks to be among the finest counties in North Carolina. It will provide effective, efficient and affordable services leading to a safe, secure and healthy community, an environment for economic growth, and promote a favorable quality of life.



GASTON COUNTY

Department of Building Inspections

Mailing Address: P.O. Box 1578 Gastonia, N.C. 28053-1578, Phone Number (704) 866-3155
Street Address: 128 W. Main Ave., Gastonia, N.C. 28053-1578, Fax Number (704) 866-3966

GASTON COUNTY BUILDING INSPECTIONS CHECKLIST FOR REMODELING OR FIRE RESTORATION

All IRC codes must be met: It shall be the Homeowners/ Contractors responsibility to conform to all the technical codes

Per General Statute's 156a-357 Issuance of this permit shall not prevent the Inspections dept from requiring corrections of errors in plans, construction or violations of the code

CHECK ALL THAT APPLY

EXTERIOR:

- _____ REPLACING ROOF ING MATERIALS ONLY (shingles, etc.)
 - _____ REPLACING RAFTERS OR SHEATHING
 - _____ ADDING ROOF VENTS
 - _____ REPLACING GUTTERS
 - _____ NEW SIDING (Must have approved water-resistive barrier behind siding)
 - _____ NEW WINDOWS OR REPAIRING OLD WINDOWS
(Windows must meet new "U" factor of .40 or below)
 - _____ NEW DOORS (Doors must meet ASTM 330)
 - _____ RAILS ON DECK OR PORCH
(All portions of a porch or deck from the header down, including posts, guardrails, pickets, steps and floor structure must be pressure treated lumber. Repair or replacement of a deck must meet Appendix M of the North Carolina Residential Code)
 - _____ OTHER:
-

STRUCTURAL:

- _____ REPLACING OR REPAIRING FLOOR JOIST
(Must be correctly sized for load and span with the proper amount of bearing on both ends)
 - _____ RELACING PIERS UNDER HOUSE
 - _____ REPLACING SILLS (PLATES) UNDER DWELLING
 - _____ REPLACING GIRDERS
(Must be correctly sized for load and span with the proper amount of bearing on both ends)
 - _____ ADDING FOUNDATION VENTS
 - _____ ADDING DRAIN OR SUMP PUMP IN BASEMENT OR CRAWL SPACE
(Must be piped outside of the basement or crawl space to daylight)
 - _____ REPAIRING FOUNDATION; PIERS OR COLUMNS
 - _____ OTHER:
-

INTERIOR

- _____ REPLACING DOORS
 - _____ MOVING OR RELOCATING INTERIOR WALLS
(If wall is a load bearing wall all existing load paths must be maintained to foundation)
 - _____ REPLACING SHEETROCK. (Insulate all exterior walls; if replacing ceiling, then attic insulation will have to be replaced also. walls require R-13, attic R-30)
 - _____ IF REPLACING SHEETROCK HOW MANY ROOMS? _____
 - _____ REPLACING CABINETS OR REPAIRING EXISTING CABINETS
 - _____ OTHER:
-

PLUMBING: (All new plumbing must meet the latest edition of the North Carolina Plumbing Code)

- _____ NEW WATER CLOSET (Toilet) How Many? _____
 - _____ NEW LAVATORY (sink) How Many? _____
 - _____ NEW TUB OR SHOWER How Many? _____
 - _____ NEW KITCHEN SINK, DISHWASHER, DISPOSAL ETC.
 - _____ REPLACING WATER HEATER
 - _____ REPLACING WATER SUPPLY LINES OR DRAIN LINE
(Must be tested in accordance with the North Carolina Plumbing Code)
 - _____ OTHER:
-

ELECTRICAL: (All new electrical must meet the 2008 NEC code)

*****note *** If new electrical wiring is done and there is access to walls and ceilings then you will have to install smoke detectors that are hardwired and interconnected , any area of the home that is not accessible will require smoke detectors to be installed that are battery operated**

- _____ NEW SERVICE
 - _____ REWIRING PARTS OF HOUSE AS NEEDED
 - _____ REPLACING LIGHT FIXTURES
 - _____ ADDING RECEPTACLES
 - _____ OTHER:
-

MECHANICAL: (Must meet the latest edition of the North Carolina Mechanical Code and the Fuel Gas Code, as well as all Manufacturers installation instructions)

- ___ NEW FURNANCE OR OTHER GAS FUELED APPLIANCE
 - ___ NEW AIR CONDITIONER
 - ___ NEW OR REPAIR DUCTWORK
 - ___ NEW BATHROOM VENTS
 - ___ **OTHER:**
-

ESTIMATED COST OF ALL WORK \$_____ .00

SIGNATURE OF CONTRACTOR/OWNER OR AUTHORIZED AGENT. DATE

ADDRESS OF PROPERTY _____ CITY _____

THIS FORM MUST BE LEFT ON THE JOB SITE FOR ALL INSPECTIONS.