



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 zoning permit or Authorization letter prior to submittal of this application
From City/Town where property is located

RESIDENTIAL DEMOLITION PERMIT APPLICATION

PERMIT NUMBER _____

PROJECT ADDRESS: _____

DIRECTIONS TO PROJECT: _____

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 _____

DESCRIPTION OF STRUCTURE: (check all that apply to your project.)
 SINGLE FAMILY RESIDENCE _____; DUPLEX RESIDENCE _____; TOWNHOME _____; MODULAR HOME _____;
 ON FRAME _____; OFF FRAME _____; ATTACHED GARAGE _____; DETACHED GARAGE _____; ATTACHED
 CARPORT _____; DETACHED CARPORT _____; ACCESSORY STRUCTURE _____; PIER/BOAT DOCK _____
 NUMBER OF STORIES _____; SQUARE FOOTAGE _____

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.

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: _____