



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

SIGN PERMIT APPLICATION

- 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.
Three complete sets of plans drawn to scale and bounded in appropriate sets containing the following.
Elevations views with dimensions for all proposed signs.
Attachment details for signs mounted to buildings.
Details of any foundation provided.
A site plan is required with each set of the drawings showing the location of the sign(s) on the property.
Signs attached to the roof of a building and signs that extend more than 15 feet above the top of the foundation will require drawings sealed by a North Carolina licensed engineer.
The affidavit for workers compensation coverage Appendix D must be submitted when applicable.

PERMIT NUMBER _____

PROJECT NAME: _____

PROJECT ADDRESS: _____

DIRECTIONS TO PROJECT: Must be provided

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 _____

SUBCONTRACTORS: Provide the full name of the company, State License No. and, if known, the Gaston County computer number.
ELECTRICAL _____ LIC. NUMBER _____ COMPUTER NO. _____

DESCRIPTION OF SIGN TYPE:
GROUND: _____ POLE: _____ WALL: _____ DIRECTIONAL: _____ BILLBOARD: _____
OTHER: _____

Total Job Cost _____

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: _____