



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

Single Trade Permit Application for Electrical, Mechanical and/or Plumbing

- Address verification by Gaston County Zoning (704.866.3075) is required. Written verification of this must be provided unless done in person at the front desk area.
- The affidavit for workers compensation coverage Appendix D must be submitted.
- Plans (three complete sets) will be required for commercial buildings with **major changes** to the electrical, mechanical and/or plumbing systems for plan review.

PERMIT NUMBER _____

Owners Name _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____ PHONE# _____

DIRECTIONS: **must be provided** _____

JOB DESCRIPTION: _____

CONTRACTOR

Name (as licensed) _____ Phone # _____ Fax _____

Address _____ City _____ State _____ ZIP _____

Type of License _____ License# _____

CONTRACTOR

Name (as licensed) _____ Phone # _____ Fax _____

Address _____ City _____ State _____ ZIP _____

Type of License _____ License# _____

CONTRACTOR

Name (as licensed) _____ Phone # _____ Fax _____

Address _____ City _____ State _____ ZIP _____

Type of License _____ License# _____

Description	(X) THOSE PERMITS NEEDED	Base Fee	# of additional inspections	Addition inspections fee	Number of inspections with permit	total fee
PLUMBING PERMIT		\$ 60.00		\$ 60.00	1	
MECHANICAL PERMIT		\$ 60.00		\$ 60.00	1	
ELECTRICAL PERMIT		\$ 60.00		\$ 60.00	1	
TOTAL						

The undersigned hereby certifies that he/she is either the owner or the authorized agent of the owner and hereby makes application for permit and inspection of work described and agrees to comply with all applicable laws regulating the work.

Applicant's signature _____ Date _____ Print Applicant's Name _____

METHOD OF PAYMENT

Check Account



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SURETY BOND FORM

STATE OF NORTH CAROLINA

COUNTY OF GASTON

KNOW ALL MEN BY THESE PRESENTS, That we _____, as Principal, and _____, as surety, are held and firmly bound unto the County of Gaston, in the sum of \$_____ dollars to the payment whereof we bind ourselves, our heirs, executors, administrators and assigns, firmly by these presents.

The Condition of this obligation is such that:

WHEREAS, the said principal is engaged in the business of _____, Within the County of Gaston and

WHEREAS, there have been promulgation by the County of Gaston, certain rules and regulations for the conduct of said business.

NOW, THEREFORE, if the said principal and the said surety shall well and truly pay to the County of Gaston any loss it may sustain on account of the principal failing to pay permit and inspection fees, penalties, violations, and any other loss it may sustain on account of the principal of any rule or regulation required by ordinance(s) by the County of Gaston.

It is expressly understood that this bond may be cancelled by the surety at the expiration of thirty (30) days from the date upon which the surety shall have filed with the County of Gaston written notice to do so cancel. This provision, however, shall not operate to relieve, release or discharge the surety from any liability already accrued before the expiration of the thirty (30) day period.

This is the _____ day of _____, 20____.

Witness to Principal

Owner Name (typed or printed)

Owner Signature

Owner Name (typed or printed)

Owner Signature

Business Name

Business Address

City, State, Zip Code

Phone number

Attorney -In- Fact



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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: _____