



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

TEMPORARY BUILDING PERMIT APPLICATION

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. _____
 MECHANICAL _____ LIC. NUMBER _____ COMPUTER NO. _____
 PLUMBING _____ LIC. NUMBER _____ COMPUTER NO. _____

DESCRIPTION OF WORK: _____

DESCRIPTION OF STRUCTURE:
 TYPE OF CONSTRUCTION: _____, OCCUPANCY CLASSIFICATION: _____, BUILDING HEIGHT: Stories _____ Feet _____
 BUILDING AREA _____ SQ. FT. FIRE DISTRICT: YES _____ NO _____

TOTAL CONTRACT PRICE (INCLUDE ALL TRADES): _____

UTILITIES:
 CITY WATER _____ CITY SEWER _____ PRIVATE WELL _____ PRIVATE SEWER _____

NOTICE

This permit becomes null and void if work or construction authorized is not commenced within 6 months.

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.

 SIGNATURE OF PROPERTY OWNER. DATE: _____

TEMPORARY BUILDINGS OR STRUCTURES:

1. May be in existence for a **maximum of 180 calendar days**.
2. Written approval from the Local Zoning Jurisdiction (City) or Gaston County Zoning is required.

In all cases, address verification from Gaston County Zoning (704.866.3075) is required. Written verification of this must be provided unless done in person at the front desk area.
3. Gaston County Environmental Health Department (704.853.5200) approval is required when utilizing a private water and/or sewer system on the property. Written verification of this must be provided.
4. Submit a Temporary Building Permit Application and three complete sets of plans which meet the requirements of Section 3103 in the North Carolina Building Code.
5. The affidavit for workers compensation coverage Appendix D must be submitted.
6. You must have plans that include a site plan indicating the location of the building or structure in relationship to property lines or other buildings, and information delineating the means of egress and occupant load.
7. You must meet the exiting requirements of Chapter 10 of the NC Building Code and shall have a maximum exit travel distance of 100 feet, measured from the most remote point within the building to an exterior exit along a normal unobstructed path.
8. You will need to comply with Chapter 11 of the NC Building Code and ICC A117.1 with respect to the Accessibility code.
9. The Building or Structure can be connected to electric power or other utilities for a maximum of 180 days, after which the utility service will be discontinued. All mechanical, electrical, and plumbing work must be permitted and inspected.
10. The Building or Structure must be **removed completely from the site** where they were erected within 180 calendar days from the date a Certificate of Occupancy was issued. **A surety bond must be posted in favor of Gaston County that will be used by Gaston County to have the structure removed should the owner fail to do so within 180 calendar days of the issuance of a Certificate of Occupancy.**



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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: _____