



GASTON COUNTY 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

Application for Deck Only

Written approval required from appropriate Zoning office
Written approval required from Health Department if private well & septic system on property
Appendix D

Note to Applicant
Please reference Appendix M for NC Residential Code requirements regarding Deck construction. This can be found on the Gaston County Building Inspections website: www.gastongov.com

Permit Number _____

Owner's Name: _____ Phone: _____
Address: _____
Directions: _____

General Contractor Information

Name (as shown on license): _____ Phone: _____
Address: _____
Email: _____
Type of License: _____ License Number: _____

Sub-Contractor Information

Name (as shown on license): _____ Phone: _____
Address: _____
Email: _____
Type of License: _____ License Number: _____

The undersigned hereby certifies that he/she is either the owner of the property and/or the authorized agent of the owner and hereby makes this application valid for permitting and inspecting per the description of work provided to Gaston County as listed above. The applicant agrees to adhere to all applicable Gaston County and State laws while performing work pertaining to this permit.

Applicant's Signature

Date



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: _____