



## 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

### Commercial Demolition Permit Application

*Written approval from appropriate Zoning office  
Address Verification from Gaston County Planning Office  
Asbestos Survey Report must be included at time of permit submission  
Appendix D*

Permit Number: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Directions to Project: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

#### General Contractor Information

Name (as shown on license): \_\_\_\_\_ License Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_

#### Description of Structure

Type of Construction: \_\_\_\_\_ Occupancy Classification: \_\_\_\_\_

Building Height: \_\_\_\_\_ Ft \_\_\_\_\_ Stories Building Area: \_\_\_\_\_ Sq Ft

#### 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 the building. It is the responsibility of the application to contact the Health Hazards Control Unit, NC DHHS/Division of Public Health to obtain any permits required specifically for asbestos removal or abatement. **A copy of a completed Asbestos Survey Report for the structure/tenant space to be demolished must be submitted with this application.**

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](http://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: \_\_\_\_\_