



Building and Development Services Department

BUILDING INSPECTIONS

Mailing Address: P.O. Box 1578, Gastonia, NC 28053
Street Address: 128 West Main Avenue, Gastonia, NC 28052
Phone: (704) 866-3185

Residential Permit Application Requirements: Accessory Buildings and/or Structures

The steps listed below should be used as a general guideline when submitting a permit request for a residential building and/or structure that will be detached from existing structures at the project site. Please know that additional documents **may be** required depending upon the project being completed. Should the requirements listed below not be met upon applying for the building permit there may be delays experienced with the processing of the permit. After reviewing this document and you are ready to submit you may do so at [Gaston County NC Dashboard](#).

Requirements prior to permit submittal:

- Zoning permit from appropriate zoning jurisdiction for the project location
 - [How to Confirm a Parcel's Zoning Jurisdiction](#)
 - Plot plan showing location of structure on the site
 - Appendix D / Affidavit of Workers Compensation
 - Plans for project, *if one or more of the of the following is met*
 - Metal Buildings: engineered plans are required to be submitted with the building permit request if the proposed project is the installation of a metal building
 - Pole Buildings: engineered plans are required to be submitted with the building permit request if the proposed project is the installation of a pole building
 - Wood-Framed Buildings: if the proposed project will be of conventional construction materials and is 1,000 square foot or larger, then plans for the project must accompany the permit request
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- This section only applies if there is an existing septic system on the project property
 - Septic Verification form issued by the Gaston County Health Department

OR

 - Appendix H can be reviewed and completed if septic system is currently on-site
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Attention: Homeowners that are eligible and will be acting as their own General Contractors – any project with a total cost of \$40K or greater will need to complete the General Contractor Exemption form included within this packet.

When submitting the permit request online you will need to provide information surrounding who is performing the work associated with the project, square footage of the structure and any other information surrounding the project.



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Residential Building Permit Application: Accessory Structures

Project Address: _____

Description of Project: _____

Owner's Name: _____ Owner's Email: _____

General Contractor: _____

State License Number: _____ Classification of License: _____

Address: _____ City: _____ State: _____

License Holder: _____ Email: _____

Contact Name: _____ Contact Email: _____

Superintendent Phone Number: _____

Electrical Contractor*: _____

State License Number: _____ Classification of License: _____

Address: _____ City: _____ State: _____

License Holder: _____ Email: _____

License Holder Phone Number: _____

Mechanical Contractor*: _____

State License Number: _____ Classification of License: _____

Address: _____ City: _____ State: _____

License Holder: _____ Email: _____

License Holder Phone Number: _____

Plumbing Contractor*: _____

State License Number: _____ Classification of License: _____

Address: _____ City: _____ State: _____

License Holder: _____ Email: _____

License Holder Phone Number: _____

****If applicable to project***

Square footage of building: Heated _____ Unheated _____

Utilities:

City Water: ☐

Community Water: ☐

Private Well: ☐

City Sewer: ☐

Community Sewer: ☐

Private Sewer: ☐

Total Project Price: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other application State and local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

Signature of Property Owner or Agent acting on behalf of the property owner

Date

North Carolina Administrative Code 2018

Appendix F Owner Exemption Affidavit

STATE OF NORTH CAROLINA

OWNER EXEMPTION AFFIDAVIT PURSUANT TO G.S. 87-14(a)(1)

COUNTY OF _____

_____ Inspections Department

Address and Parcel Identification of Real Property Where Building is to be Constructed or Altered:

I, _____

(Print Full Name)

hereby claim an exemption from licensure under G.S. 87-1(b)(2) by initialing the relevant provision in paragraph 1 and initialing paragraphs 2 – 4 below and attesting to the following:

1. _____ I certify that I am the owner of the property set forth above on which this building is to be constructed or altered;

OR

_____ I am legally authorized to act on behalf of the firm or corporation which is constructing or altering this building on the property owned by the firm or corporation as set forth above (name of firm or corporation:

_____);

2. _____ I will personally superintend and manage all aspects of the construction or alteration of the building and that duty will not be delegated to any person not duly licensed under the terms of Article 1 of Chapter 87 of the General Statutes of North Carolina;
3. _____ I will be personally present for all inspections required by the *North Carolina State Building Code*, unless the plans for the construction or alteration of the building were drawn and sealed by an architect licensed pursuant to Chapter 83A of the General Statutes of North Carolina;
4. _____ I understand that a copy of this AFFIDAVIT will be transmitted to the North Carolina Licensing Board for General Contractors for verification that I am validly entitled to claim an exemption under G.S. 87-1(b)(2) for the building construction or alteration specified herein. I further understand that, if the North Carolina Licensing Board for General Contractors determines that I was not entitled to claim this exemption, the building permit issued for the building construction or alteration specified herein shall be revoked pursuant to G.S. 153A-362 or G.S. 160A-422.

(Signature of Affiant)

Date

Sworn to (or affirmed) and Subscribed before me this the ____ day of _____, 20____

Signature of Notary Public

Printed Name of Notary Public

My Commission Expires: _____ (Notary Stamp or Seal)

(NOTE: It is a Class F felony to willfully commit perjury in any affidavit taken pursuant to law—G.S. 14-209)



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Appendix D

Affidavit of Worker's Compensation Coverage N.C.G.S 87-14

The undersigned applicant for building the permit # **TO BE COMPLETED BY PERMIT OFFICE** being the

_____ Contractor

_____ Owner

_____ Officer/Agent of the Contractor or Owner

Do hereby aver under the penalties of perjury that the person(s), firm(s) or corporation(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 or more subcontractor(s) and have obtained workers' compensation insurance to cover them,

has/have one 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: _____