



Gates County

Inspection Department
PO Box 411 200 Court Street Gatesville, NC 27938

OFFICE (252) 357-0122

BUILDING PERMIT APPLICATION

FAX (252) 357-4577

PROJECT ADDRESS:

Owners Name: _____ Phone: _____

Address: _____ Mobile: _____

City/State/Zip _____ Email: _____

Structure Classification:	<input type="checkbox"/> Single Family	<input type="checkbox"/> Garage <input type="checkbox"/> Shed <small>Complete Worksheet 3</small>	Dimensions: _____	<input type="checkbox"/> N/A
	<input type="checkbox"/> Duplex	<input type="checkbox"/> Deck <input type="checkbox"/> Porch <small>Complete Worksheet 2</small>		Total Sq Ft: _____
	<input type="checkbox"/> Commercial		<input type="checkbox"/> Other	#Stories _____ Fireplace Y N

Septic: New Existing **Permit #** _____ **Approval Letter**

Water Type: County Well **Well Permit#** _____ **Power Co.:** REA Dominion

Provide description of work: _____ **Total (Including Material) Estimated Projected Cost: \$** _____

Is project exterior? Yes No If yes **Zoning Application needs to be submitted with this application.**

Is project increasing number of bedrooms? Yes No If yes **Health Dept Approval must be included with this application.**

Is Project including Demolition of existing structure? Yes No If yes **Demolition Permit Application must be submitted with this application. (Form D-1)**

Contractor Information (Exactly as listed on North Carolina Licensing Board for General Contractors)

Name of Business: _____ Phone: _____

Address: _____ Mobile: _____

City/State/Zip: _____ Email: _____

North Carolina General Contractors License# _____ N/A _____ Class: _____

NOTICE

This permit becomes null and void if work or construction authorized under this permit is not commenced within 6 months or if after commencement of work no required inspection is requested and approved within any 12-month period thereafter or for substantial deviations from plans. Permit may be withdrawn if occupancy occurs before a Certificate of Compliance is issued. I hereby certify that I have read and examined this application 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. The granting of this permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulation construction or the performance of construction.

Signatures are to be Notarized or witnessed by Permit Staff

Printed Full Name of Applicant	Signature of Applicant	Date	IDPP initials
_____ County _____ State	_____	_____	_____

I, _____, a Notary Public in and for said State and County do hereby certify that _____, personally appeared before me this day and acknowledge that due execution of the foregoing instrument.

Witness my hand and notarial seal, this the _____ day of _____, 20____

My commission expires: _____

Notary Public

FOR OFFICE USE	PERMIT FEE	PERMIT #	ISSUE DATE:	PERMIT PAID:

*Forms B-1A & B-2 must be submitted with this form.

Application Worksheet and detailed drawing **MUST submitted with this form.



BUILDING PERMIT APPLICATION

CONTRACTOR INFORMATION

PROJECT ADDRESS:

Electrical Contractor Information

(Exactly as listed on North Carolina Board of Examiners Electrical Contractors)

N/A

Name of Business:	Mobile:
Address:	City/State/Zip
North Carolina Electrical Contractors License#	Does Project Require Temporary Pole? <input type="checkbox"/> Yes <input type="checkbox"/> No

Plumbing Contractor Information

(Exactly as listed on North Carolina Board of Examiners of Heating and Plumbing Contractors)

N/A

Name of Business:	Mobile:
Address:	City/State/Zip:
Name:	North Carolina Fuel Piping, Plumbing, or Heating and Air License#

Mechanical Contractor Information

(Exactly as listed on North Carolina Board of Examiners of Heating and Plumbing Contractors)

N/A

Name of Business:	Mobile:
Address:	City/State/Zip:
Name:	North Carolina Fuel Piping, Plumbing, or Heating and Air License#

Gas Contractor Information

(Exactly as listed on North Carolina Board of Examiners of Heating and Plumbing Contractors)

N/A

Name of Business:	Mobile:
Address:	City/State/Zip:
Name:	North Carolina Fuel Piping, Plumbing, or Heating and Air License#

Insulation Contractor Information

N/A

Name of Business:	Mobile:
Address:	City/State/Zip:
Name:	

Pool/Spa Contractor Information

N/A

Name of Business:	Mobile:
Address:	City/State/Zip:
Name:	North Carolina General Contractor License#
<input type="checkbox"/> In-Ground <input type="checkbox"/> Above-Ground	North Carolina Electrical Contractor License#



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AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE N.C.G.S. § 87-14

The undersigned applicant for project _____ being the

_____ Contractor
_____ Owner
_____ Officer/Agent of the Contractor or Owner

do hereby aver under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

_____ has/have not more than two (2) employees and no subcontractors,

_____ 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 covering them,

_____ has/have one (1) or more subcontractor(s) who has/have no employees and have waived in writing their right to coverage by their contractor or if required have their own policy of workmen's compensation covering themselves,

_____ has/have one or more subcontractor(s) who has/have their own policy of workmen's compensation covering them,

_____ has/have applied for permit where the project cost is under \$30,000 and I am therefore exempt for Licensed General Contractor requirements specified by G.S.87-14

while working on the project for which this permit is sought. It is understood that the Gates County Inspections Department may require certificates of coverage and/or waivers of workers' compensation insurance coverage prior to issuance of the permit. This document must be signed by the owner of the proprietorship, partner in the partnership, officer of the corporation or manager of the L.L.C. appearing as the contractor on the building permit.

Signatures are to be Notarized or witnessed by Permit Staff

Signature _____ Title _____ Date _____
IDPP Staff member Initials: _____

_____ County
_____ State

I, _____, a Notary Public in and for said State and County do hereby certify that _____, personally appeared before me this day and acknowledge that due execution of the foregoing instrument.

Witness my hand and notarial seal, this the _____ day of _____, 20_____

_____ My commission expires: _____
Notary Public



Gates County

Scheduling Inspections

According to the North Carolina State Building Code, *Volume VII Section 112*, it is the responsibility of the permit holder or his agent to call for inspections. GS 153 A – 363 states that it is a class 1 misdemeanor to occupy any portion of a building that has not had a final inspection. This includes, but is not limited to, the use of HVAC systems, electrical work, pools, hot tubs, decks, sun rooms, et cetera.

If you pull the permit, it will be your responsibility to call for the required inspections, as well as the final inspection. **CONTRACTORS, DO NOT ASK THE HOME OWNER TO SET UP THIS INSPECTION. IT IS YOUR RESPONSIBILITY.** If the contractor does not call for the final inspection, the appropriate licensing board will be notified. Please note **EQUIPMENT WARRANTY IS NOT VALID UNTIL YOU MUST PASS A FINAL INSPECTION.**

I have read and understand the statement above and by signing below agree to comply.

Signature _____ Date _____

Solid Waste Disposal

I, the undersigned, hereby state that I have been made aware of the Gates County Solid Waste Ordinance and the North Carolina Air Quality Regulations (in regards to open burning), Have been given notice regarding construction and demolition waste disposal. I agree that Construction and or demolition waste will not be disposed of in violation of the County Ordinance And North Carolina Air Quality Regulations, such as at road side and private property or Commercial dumpster sites and that it will not be burned. I understand and agree that amounts over five hundred (500) pounds and all commercially generated debris must be disposed of at the Bertie County Transfer Station located in Bertie County, North Carolina.

I am aware that violation of the solid waste ordinance is punishable by a fine of up to (\$500.00) FIVE HUNDRED DOLLARS per day, and or imprisonment for up to (30) THIRTY days. A violation of the North Carolina Air Quality Regulations is punishable by a fine of up to (\$10,000) TEN THOUSAND DOLLARS. I am aware that Gates County will strictly enforce the Solid Waste Ordinance and Air Quality Regulation.

Signature _____ Date _____



Gates County

General Contractor Certification as to Status of Licensure

I understand that I am signing this document under oath; I certify that I am making a truthful statement. I have read G.S. Sections 87.1 & 87.14 as amended 07/06/1992. I have entered into a construction contract where the cost of the undertaking meets or exceeds \$30,000.00; the contract, whether written or oral, is in the exact name as listed with the North Carolina Licensing Board for General Contractors. I am not in a partnership (including any "joint venture" {unless in compliance with 21 N.C.A.C.12, 0207}) with any unlicensed entity. I certify that I am presently licensed under the name of and under license number _____. My license is active and in good standing. I have filed all necessary renewal forms with the North Carolina Licensing Board of General Contractors. I am not presently under any disciplinary order issued by the North Carolina Licensing Board for General Contractors which disqualifies me for a building permit.

I certify to this Building Inspections Department that I have paid License tax(es) as required by the N.C. Department of Revenue; I have in effect all required workers' compensation insurance coverage. I agree to submit certificates of insurance coverage upon request of the Director of Inspections. I understand that I am responsible for ascertaining whether I am obligated by law to obtain workers' compensation insurance & to assure that our insurance coverage is adequate; I have made all reasonable inquiries of the appropriate authorities and, or sought private legal counsel to assure that I am providing all workers' compensation coverage required by law.

I understand that a licensed General Contractor must pay a \$10.00 fee upon applying for a residential permit pursuant to G.S. 87.15.5 "Homeowner's Recovery Fund" Act of North Carolina, \$9.00 of which the permitting official shall forward to the North Carolina Licensing Board for General Contractors. I understand that the unlicensed practice of General Contracting is a criminal offense under G.S. Section 87.13 & that I may be sued by the North Carolina Licensing Board for General Contractors for an injunction if I practice without a license as required by law. I also understand that, under North Carolina case law, an unlicensed practitioner may be barred from recovery of any civil damages if the job owner refuses to pay me.

I have been informed that any authority issuing a building permit to an unlicensed contractor where a license is required may be found guilty of a misdemeanor and I certify that this Department may rely on my statement as a truthful statement regarding the status of my license.

Signatures are to be Notarized or witnessed by Permit Staff

Printed Full Name of Applicant

Signature of Applicant

Date

IDPP initials

County

State

I, _____, a Notary Public in and for said State and County do hereby certify that _____, personally appeared before me this day and acknowledge that due execution of the foregoing instrument.

Witness my hand and notarial seal, this the _____ day of _____, 20____

My commission expires:_____

Notary Public

GATES COUNTY APPLICATION WORKSHEET: NEW CONSTRUCTION

Property Owner Name _____ Owner phone number _____

Contractor Name _____ Phone Number _____

Address of New Construction _____

1 story _____ 1.5 story _____ 2 story _____ 3 story _____

Total sq. ft. of new construction to include: porches, decks, heated space, and garages. _____

Total sq. ft. of new construction heated space. _____

T-Pole Needed? _____ Yes _____ No **Est. Cost of Construction** \$ _____

Exterior Siding: brick veneer _____ vinyl/aluminum siding _____ wood _____ EIFS _____ Other _____

1. **Foundation:** continuous _____ pier-curtain-wall _____ slab _____
trench footing size _____ X _____ deep
pier footing size _____ X _____ X _____ deep
anchor type _____ spacing _____
block size _____ X _____ X _____
cap block size _____ X _____ X _____
maximum pier height: _____
total # rows of piers _____

2. **Crawl Space:** access door size _____ X _____
Ground vapor barrier: Yes _____ No _____
of foundation wall vents _____
net free area per vent _____ sq. inches
total net free area of ventilation provided: _____ sq. inches

3. **Floor System:** double sheathing _____ or tongue & groove _____
1st floor girder size:
interior girders size _____, _____ X _____
with a _____ clear span
exterior girders size _____, _____ X _____
with a _____ clear span
1st floor joist size _____ X _____, _____ in. o.c.
with a _____ clear span
Species: Southern Pine _____ Spruce/Fir _____ Lumber grade _____
2nd floor joist size _____ X _____, _____ in o.c.
with a _____ clear span
Species: Southern Pine _____ Spruce/Fir _____ Lumber grade _____

4. **Ceilings:** Joist size _____ X _____, _____ in o.c. with a _____ clear span
Southern Pine _____ Spruce/Fir _____ Lumber grade _____

5. **Roof System:** Slope_____/____ Type: Gable____ Hip____ Other____
 Cathedral ceiling: Yes____ No____ Where____
 Trusses: Yes____ No____, _____ in o.c. with a _____ clear span
 (If trusses are to be used, the truss specification sheets shall be provided to the inspector upon rough framing inspection.)
 ridge board size____X____
 ridge beam size____, _____X____ with a _____ clear span
 rafter size:____X____, _____ in o.c. with a _____ clear span
 Species: Southern Pine____ Spruce/Fir____ Lumber grade____
 truss/rafter tiedown type____ Uplift capacity____

NOTE:

If all framing members (floor, ceiling joist and rafters) are not the same size, then all rooms shall be listed on the back of this sheet, specifying the above framing members, size, and clear spans of each room.

It shall be the responsibility of the builder to provide the inspection department load calculations, span tables, diagrams, or other information necessary to show construction compliance upon request. This includes headers, beams, girders, and/or other structural components.

6. **Type of Window :** _____ Design Pressure Rating_____

7. **Attic Area :** _____ square feet.
 Attic access: Fixed stairs _____, Pull down _____,
 Scuttle hole _____ size: _____ in. X _____ in.
 Total net free area of attic ventilation provided _____ sq. in.
 Roof vents: how many _____, net free area inches _____
 Ridge vents: how long _____, size _____
 Soffit vents: how many _____, net free area inches _____

8. **Garage :** Yes _____, No _____ Attached _____, Detached _____
 Number of roll up doors _____, door width _____
 Design pressure rating of doors _____
 Finished room over garage: yes _____, no _____
 Proposed use of room _____
 Floor joist size: _____ X _____, _____ in. o.c., _____ clear span
 Species: Southern Pine _____, Spruce/Fir _____, Grade _____

9. **Fireplace :** Yes_____, No _____ . Masonry _____, Manufactured/ Pre-fab _____
 Fireplace opening _____ in. X _____ in.
 Chimney height _____, Chimney flue size _____ X _____
 Hearth extension: 16 in. ____, 20 in. ____, other _____ inches.
 If masonry fireplace, Footing Size: _____ X _____ X _____ in. deep
 Cricket: yes_____, no _____
 Location of fireplace: _____
 Number of fireplaces: _____.

NOTE:

If more than one fireplace, please duplicate above information on the back of this sheet.

10. **Wood Deck** : Yes _____, No _____ Dimensions: _____ X _____
Height above grade: _____
Attached _____, Free standing _____
Girder size: _____, _____ X _____ with a _____ clear span
Post size : _____ X _____, How many _____
Floor joist size: _____ X _____, _____ in. o.c., with a _____ clear span

Applicant: _____

Date: _____

Contact phone number: _____

Reviewed by: _____

Date: _____



Gates County

Building Permit Check List

Contractors please pay close attention to the list. Before returning your application to the building inspections office, make sure you have all of the items below. Missing or incomplete items **WILL** stop the permit process. **Please verify that you have all items below before submitting.**

- Registered Deed**
- Registered Plat**
- E-911 Address**
- Site Plan** (Site plans **MUST** approximate dimensions **all** existing and proposed structures on the parcel of land including the location and dimensions of driveways and off street parking)
- Zoning Application**
- Tax Verification Letter**-see Tax Department
- Schedule Inspections & Solid Waste Disposal Form**
- Building Permit Application** (All pages)
- Septic Approval**
Septic system Approval/Authorization to connect-contact Gates County Health Dept 252-357-1380
- Construction Plans/Set-Up Manuals (Manufactured Homes and Modulares)**
Must submit with application-NO EXCEPTIONS
- Worksheet Application(s)** if applicable (Form-**Worksheet 1**-New Construction, **Worksheet 2**-Deck/Porches, or **Worksheet 3**-Garages, Sheds, etc)
- Surety Bond**-Modular Contractors Only
- General Contractor Affidavit or Modular Set-up Affidavit**
- Subcontractor Applications:**
Submit the original, signed application for each sub-contractor (Electrical, Plumbing, Mechanical, Gas, Insulation, Alarm, etc.)
- Inspector Review Fee**
Submit a \$25.00 review fee (cash or check made payable to Gates County) at time of application. The balance of permit fees will be paid when permit is issued.

(You may combine both the Inspector Review and Zoning Appl. Fee together and submit one check)