



# Gates County

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

OFFICE (252) 357-0122

## COMMERCIAL BUILDING PERMIT APPLICATION

FAX (252) 357-4577

LICENSE GENERAL CONTRACTORS ONLY

**PROJECT ADDRESS:**

Owners Name:	Phone:
Address:	Mobile:
City/State/Zip	Email:

Structure Class. <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Assembly	Type of Construction: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alterations	Occupancy:	Bldg. Height: _____
		Total Sq. Ft. _____ # of Baths _____	

Bldg. Height: _____	CAMA Permit # <input type="checkbox"/> N/A	Foundation Type: _____	Heating Type _____	Roof Style: _____
# of Stories: _____		Floor Covering: _____		Int. Wall Covering: _____ Ext. Wall Covering: _____

\*Septic: New  Existing  Sewer  Permit # \_\_\_\_\_ Approval Letter  Power Co.: REA  Dominion   
 Water Type: County  Well  Well Permit# \_\_\_\_\_ Project # \_\_\_\_\_

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

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

Contractor Name:	Phone:
Address:	Mobile:
City/State/Zip:	Email:
North Carolina General Contractors License# _____ <input type="checkbox"/> N/A	Class:

**LEIN AGENT INFORMATION- IF THIS SECTION IS BLANK A PERMIT CAN NOT BE ISSUED NCGS 44A.11.1**

Lein Agent:	Phone:	Fax #:
Physical Address:	City/State/Zip:	
Mailing Address::	Email:	

**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 Permit may be withdrawn if occupancy occurs before a Certificate of Compliance is issued.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. I understand that no one may move in or place any belongings into home prior to having a Certificate of Occupancy and if so this is classified as a **Class 1 misdemeanor with fines of \$50 per day** as per NC GS 153-363.

*Signatures are to be Notarized or witnessed by Permit Staff.*

*Forms submitted with signatures that have not been notarized will be rejected and delay permit processing.*

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\_\_\_\_

\_\_\_\_\_  
Notary Public My commission expires: \_\_\_\_\_

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

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### 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#



# 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



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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

### 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 \_\_\_\_\_





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## Commercial Building Permit Check List

Contractors, Homeowners, Dealers 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. Incomplete applications **will not** be processed. **Please verify that you have ALL items below before submitting.**

- Registered Deed**
- Registered Plat**
- E-911 Address**
- Site Plan** (Site plans **MUST** approximate dimensions of **all** existing and proposed structures on the parcel of land including the location and dimensions of driveways and off street parking)
- Zoning Application** along with **\$25 application fee**
- Tax Verification Letter**-see Tax Department
- Schedule Inspections & Solid Waste Disposal Form**
- Worker's Compensation Coverage Form**
- Septic/Sewer Approval**  
Septic system Approval/Authorization to connect-contact Gates County Health Dept 252-357-1380
- Construction Plans/Set-Up Manuals** 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)
- Appendix B**
- Copy of Lien Agent Form-A Lien Agent is needed for all projects estimated \$30,000 or more.**  
**For more information:** online:<http://liensnc.com> or call 1-888-690-7384
- General Contractor 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)**

**If you have any questions please don't hesitate to call us at the numbers above. Incomplete applications will not be processed!**