



BUILDING PERMIT REQUIREMENTS

In order to obtain a building permit, the following information must be provided:

1. Copy of the Land Use/ Zoning Permit

This can be obtained from the Johnston County Inspections Department. If the property is located within the city limits or within the town's extraterritorial jurisdiction, then the zoning permit would need to be obtained from the Town's Planning Office.

2. Copy of the Well and Septic Tank Permits for New and Existing Lots

These can be obtained from the [Johnston County Environmental Health Office](#). If on town water and sewer, the Town needs to supply written approval for hookup. If on Public water and sewer, you need to obtain approval for hookup at the [Johnston County Public Utilities Office](#).

Note: It is very important that the number of bedrooms shown on your septic tank copy matches the number of bedrooms that will actually be in the residence

3. Two sets of complete construction drawings

4. Detailed site plan

5. For projects with a total job cost of \$30,000 or more, you will need to submit a **lien wavier form** which can be obtain through www.liensnc.com.

307.2. District Dimensional Requirements

Minimum dimensional requirements shall be:

RA R10 R12 R8.5S R-6 R-6MH R8.5M TND

All applicable Health Department requirements must be met as well as the requirements in this section.

Minimum lot AREA in sq. ft

-single-family dwelling	20,000	10,000	12,000	8,500	6,000	6,000	8,500	5,000
-two-family dwelling	20,000	N/A	N/A	N/A	12,000	12,000	N/A	N/A
-multi-family dwelling or townhouse (site)	40,000	N/A	N/A	N/A	15,000	15,000	N/A	N/A
-manufactured home on individual lot	20,000	N/A	N/A	N/A	6,000	6,000	8,500	N/A
-other building or use	20,000	10,000	N/A	15,000	7,500	7,500	15,000	N/A

Minimum lot width in ft.

-single-family dwelling	100	75	80	85	60	60	85	N/A
-two-family dwelling	100	N/A	N/A	8	75	75	N/A	N/A
-multi-family dwelling or townhouse (site)	100	N/A	N/A	100	100	100	N/A	N/A
-manufactured home on individual lot	100	N/A	N/A	N/A	60	60	85	N/A
-other building or use	100	N/A	N/A	85	75	75	85	N/A

<u>Minimum lot depth in ft.</u>	100	100	100	100	100	100	100	100
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Minimum yard requirements in ft.*

(From edge of right of way)

-front	40	30	40	30	30	30	30	N/A
-side (each side)	15	10	10	10	10	10	10	N/A
rear	30	25	25	25	20	20	25	N/A
<u>Maximum height in ft.</u>	35	35	35	35	35	35	35	N/A

Maximum lot coverage

<u>in percent</u>	30	30	30	30	30	30	30	N/A
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Site Plan Example

Show dimensions of proposed pools and pool patios / structures. Show dimensions to property lines and existing structures, as to precisely locate all proposed structures

177.8 ft

Show itemized impervious calculations in square feet, total impervious area in square feet & total percentage of impervious area of lot

Show proposed accessory buildings with dimensions of structures & distances to property lines

Show all existing & proposed driveways, walkways, patios and parking spaces

Parcel ID
number
(PIN) &
Address

Show scale of site plan

Show overall perimeter dimensions of all structures.

• Show dimensions from property lines

Show all retaining walls
with dimensions and
widths

— Show all
ditches,
easements,
buffers and
flood hazard
soils (FEMA)

Show all proposed additions with dimensions of structures and distances to property lines.

Show all property lines with dimensions

Show north direction

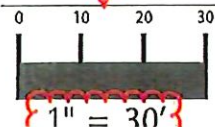
255.0 ft

253.0 ft

PARCEL ID
12345678910

1234 NORTH MAIN STREET

NORTH



TOWN OF FOUR OAKS
304 N. MAIN ST. P.O. BOX 610FOUR OAKS, NC 27524
PHONE:(919) 963-3112 --- FAX (919) 963-3113

carol.allen@fouroaks-nc.com

Residential Plan Review and Permit Application

Applicant Name: _____

Applicant Address: _____

Applicant Phone Number: _____ Email: _____

Property Owner: _____

Property Owner Address: _____

Property Owner Phone Number: _____ Email: _____

Project Address: _____

Subdivision: _____

Lot: _____ Power Company: _____

Water Source: Public Well Aqua Other	Wastewater Source: Public Aqua Septic Tank Other
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Contact Person: _____ Phone: _____

General Contractor Name: _____

Address: _____

Phone: _____ License Number: _____

Email: _____

Electrical Contractor Name: _____

Address: _____

Phone: _____ License Number: _____

Email: _____

Mechanical Contractor Name: _____

Address: _____

Phone: _____ License Number: _____

Email: _____

Plumbing Contractor Name: _____

Address: _____

Phone: _____ License Number: _____

Email: _____

Permit Type:

☐ New Construction ☐ Remodel ☐ Addition ☐ Modular ☐ Mobile Home ☐ Moved House
☐ Fire or Storm Damaged Structure ☐ Deck ☐ Storage Building ☐ Porch ☐ Garage ☐ Other

Description of Project: _____

Siding Type:

☐ Brick ☐ Hardiplank ☐ Log Home ☐ Masonry ☐ Metal ☐ Stone ☐ Vinyl ☐ Wood

Foundation Type:

☐ Monolithic Slab ☐ Stem Wall Slab ☐ Crawl

Fireplace:

☐ Gas ☐ Wood ☐ N/A

Closed CrawlSpace:

☐ Yes ☐ No ☐ Conditioned ☐ Unconditioned

Building Height:

If yes, complete spray

Stories:

foam form.

Beds:

☐ Yes

Baths:

☐ No

Using Spray Foam Insulation:**NEW Heated Area (square feet):**

First Floor _____
Second Floor _____
Basement _____
Other Heated _____
Total Heated _____

NEW Unheated Area (square feet):

Attached Garage _____
Unfinished Area _____
Porch _____
Deck _____
Sunroom _____

NEW Accessory (square feet):

Detached Garage _____
Storage _____
Carport _____
Other _____

Preapproved Plan Number:

Plan Name:

Total Project Cost:

THE UNDERSIGNER DECLARES THE ABOVE-LISTED INFORMATION IS TRUE AND SHALL COMPLY WITH THE NORTH CAROLINA BUILDING CODES AND ALL OTHER APPLICABLE STATE AND LOCAL LAWS, ORDINANCES AND REGULATIONS. THE UNDERSIGNER ALSO DECLARES ALL SUBCONTRACTORS FOR THIS PROJECT HAVE BEEN NOTIFIED OF THEIR CONTRACTUAL OBLIGATION TO THIS PROJECT. THIS APPLICATION DOES NOT BECOME A PERMIT UNTIL IT HAS BEEN APPROVED BY A JOHNSTON COUNTY BUILDING INSPECTOR AND ALL APPLICABLE FEES HAVE BEEN PAID.

SIGNATURE (Applications must be signed and dated by Applicant) _____ Date _____

OFFICE USE ONLY

Received Date:	Received By:	Site Plan Submitted: ☐ Yes ☐ No ☐ N/A
Plans Reviewed By:	Date:	Called:
Comments: _____ _____ _____		



TOWN OF FOUR OAKS

304 N. MAIN ST. FOUR OAKS, NC 27524

Phone: (919) 963-3112

carol.allen@fouroaks-nc.com

CONDITIONAL POWER FORM

Date: _____

Utility Company: _____

Permit Number: _____

Premise Number: _____

Owner: _____

Type of Project: _____

Project Address: _____

Township: _____

Before the authorization to the utility company for electrical power to the above structure, a thorough inspection and checkout has been made by each of the trade contractors listed below to ensure to the best of their ability that the electrical, plumbing, and mechanical systems in this structure are complete enough and in safe working order to safely energize power for temporary use as attested by the signatures below. **Conditional power will be disconnected if Certificate of Occupancy has NOT been issued within the days approved.**

Owner / General Contractor Name: _____

Signature: _____

Electrical Contractor Name: _____

Signature: _____

Mechanical Contractor Name: _____

Signature: _____

Plumbing Contractor Name: _____

Signature: _____

This conditional power certificate does not exempt a final inspection by the building code official for the issuance of Certificate of Occupancy and Compliance and the main disconnecting means may be deactivated in order to disconnect the power to safely perform the final electrical inspection. If the final electrical inspection is approved and a Certificate of Occupancy and Compliance is issued in accordance with G.S 153A-363, the conditional power certificate will be considered the approval for permanent electrical power to the structure.

OFFICIAL USE ONLY

Date of Inspection: _____ Inspector: _____

Commercial Project: _____ 60 Days _____ 90 Days Residential Project: 30 Days ONLY _____

Payment: \$75 Paid On: _____ Paid by: _____ Cash Check Visa Master Card



TOWN OF FOUR OAKS

304 N. MAIN ST. PO BOX 610 FOUR OAKS NC 27524

PHONE 919-963-3112 FAX 919-963-3113

Residential Zoning Application

A Zoning Permit is Required for Obtaining Building and/or Septic Permits

NAME OF OWNER/APPLICANT: _____

ADDRESS: _____

PHONE NUMBER: (WORK) _____ (CELL) _____

ADDRESS OF PROPERTY FOR ZONING _____

ZONING CLASSIFICATION: _____ PARCEL NUMBER: _____

NAME OF SUBDIVISION (IF APPLICABLE) _____

LOT # _____ ACREAGE _____ TOWNSHIP _____ Phase _____

SINGLE FAMILY DWELLING _____ MULTI-FAMILY _____ MOBILE HOME _____ TOWNHOME _____ OTHER _____

IF OTHER PLEASE DESCRIBE PROPOSED USE: _____

SQUARE FOOTAGE OF PROPOSED USE _____

SETBACKS: FRONT _____ REAR _____ SIDES _____

CORNER LOTS/STREET SIDE REQUIREMENTS _____

****SEE SEPTIC PERMITS FOR STRUCTURE SETBACKS IF APPLICABLE****

SURVEY MAP REQUIRED: _____ YES _____ NO

DEED BOOK: _____ PAGE: _____ PLATBOOK: _____ PAGE _____

FLOODPLAN _____ YES _____ NO IF YES PANEL # _____

PUBLIC WATER _____ YES _____ NO PUBLIC SEWER _____ YES _____ NO

IF YES, SERVICED BY: _____

SIGNATURE: _____ TITLE _____ DATE _____

OFFICE USE ONLY

APPROVED: _____ YES _____ NO

IF NO, LIST REASON FOR DENIAL: _____

I CERTIFY THAT I AM PROPERTY OWNER OR PROPERTY OWNER'S REPRESENTATIVE AND THAT THE ABOVE INFORMATION IS CORRECT. I WILL BUILD AND OPERATE ACCORDING TO THE TERMS OF THE TOWN OF FOUR OAKS ZONING ORDINANCE AND STATE BUILDING CODES. I VERIFY THAT I UNDERSTAND THAT THE TOWN OF FOUR OAKS IS NOT RESPONSIBLE FOR ENFORCING SUBDIVISION RESTRICTIVE COVENANTS. I WILL CHECK WITH THE DEVELOPER OR HOME OWNER ASSOCIATION WHERE APPLICABLE FOR ANY RESTRICTIVE COVENANTS BEFORE BEGINNING CONSTRUCTION

APPROVED: _____ TITLE: _____ DATE: _____