# 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**

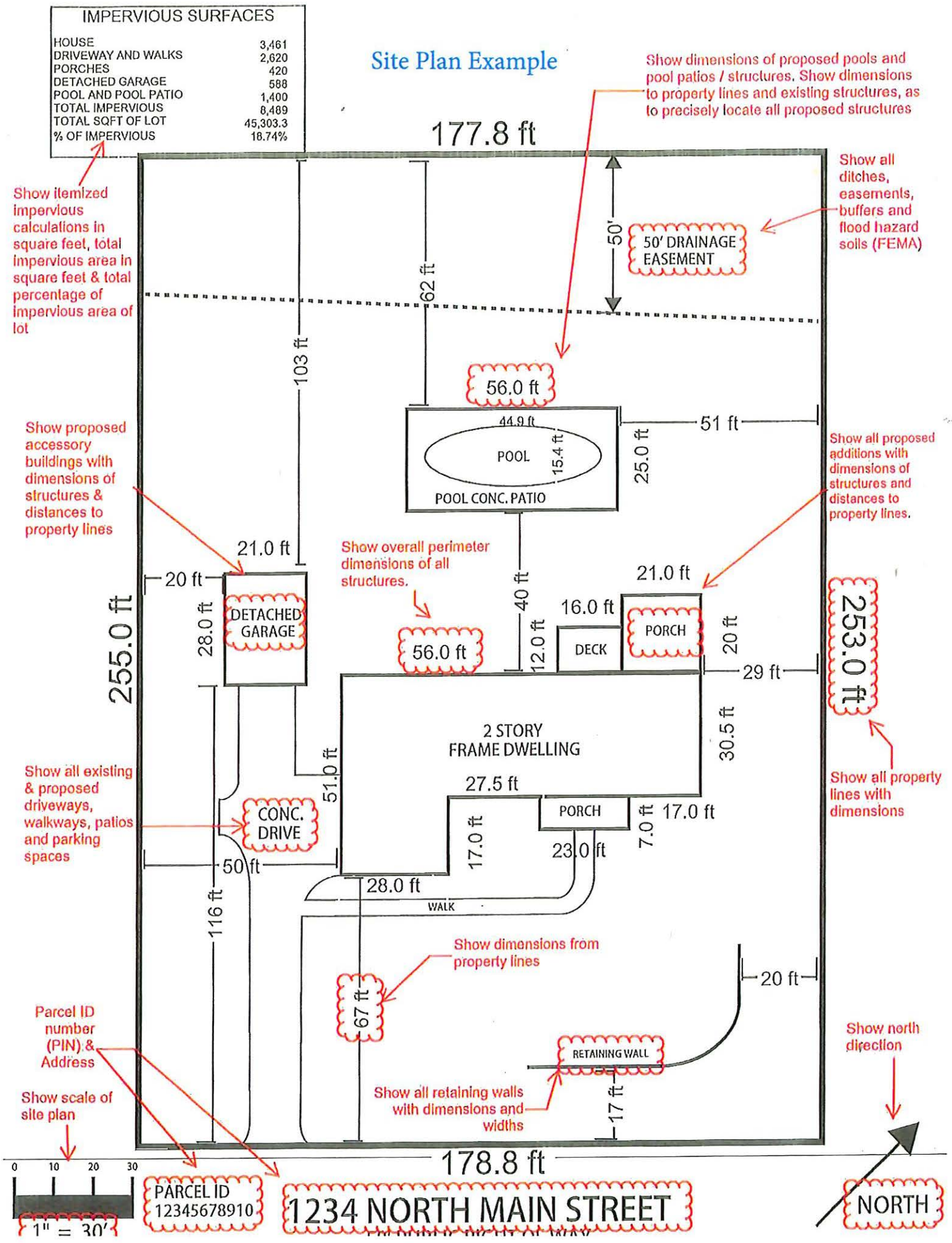
**4. Detailed site plan**

**5.** For projects with a total job cost of $40,000 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 |
| Minimum lot depth in ft. | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| 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 |
| Maximum height in ft. | 35 | 35 | 35 | 35 | 35 | 35 | 35 | N/A |
| Maximum lot coverage in percent | 30 | 30 | 30 | 30 | 30 | 30 | 30 | N/A |


IMPERVIOUS SURFACES
HOUSE 3,461
DRIVEWAY AND WALKS 2,620
PORCHES 420
DETACHED GARAGE 588
POOL AND POOL PATIO 1,400
TOTAL IMPERVIOUS 8,489
TOTAL SQFT OF LOT 45,303.3
% OF IMPERVIOUS 18.74%
Site Plan Example
Show itemized impervious calculations in square feet, total impervious area in square feet & total percentage of impervious area of lot
Show dimensions of proposed pools and pool patios / structures. Show dimensions to property lines and existing structures, as to precisely locate all proposed structures
Show all ditches, easements, buffers and flood hazard soils (FEMA)
177.8 ft
50'
50' DRAINAGE EASEMENT
62 ft
103 ft
56.0 ft
44.9 ft
POOL
15.4 ft
POOL CONC. PATIO
51 ft
25.0 ft
Show proposed accessory buildings with dimensions of structures & distances to property lines
Show all proposed additions with dimensions of structures and distances to property lines.
21.0 ft
20 ft
DETACHED GARAGE
28.0 ft
Show overall perimeter dimensions of all structures.
56.0 ft
40 ft
12.0 ft
16.0 ft
DECK
21.0 ft
PORCH
20 ft
29 ft
255.0 ft
253.0 ft
2 STORY
FRAME DWELLING
30.5 ft
51.0 ft
27.5 ft
PORCH
17.0 ft
7.0 ft
17.0 ft
23.0 ft
Show all existing & proposed driveways, walkways, patios and parking spaces
CONC. DRIVE
50 ft
28.0 ft
WALK
116 ft
Show all property lines with dimensions
Show dimensions from property lines
67 ft
20 ft
Parcel ID number (PIN) & Address
RETAINING WALL
Show north direction
Show all retaining walls with dimensions and widths
17 ft
Show scale of site plan
0 10 20 30
1" = 30'
178.8 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: | Wastewater Source: |
|---|---|
| ___Public ___Well ___Aqua ___Other | ___Public ___Aqua ___Septic Tank ___Other |

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<br>___Fire or Storm Damaged Structure ___Deck ___Storage Building ___Porch ___Garage ___Other |

**Description of Project:**_____

| | | | | | |
|---|---|---|---|---|---|
| **Siding Type:**<br>___Brick ___Hardiplank ___Log Home ___Masonry ___Metal ___Stone ___Vinyl ___Wood | | | | | |
| **Foundation Type:**<br>___Monolithic Slab ___Stem Wall Slab ___Crawl | | | | | |
| **Fireplace:**<br>___Gas ___Wood ___N/A | | | | **Closed Crawlspace:**<br>___Yes ___No ___Conditioned ___Unconditioned | |
| **Building Height:**<br>If yes, complete spray foam form. | **Stories:** | **Beds:**<br>___Yes | **Baths:**<br>___No | **Using Spray Foam Insulation:** | |
| **NEW Heated Area (square feet):**<br>First Floor _____<br>Second Floor _____<br>Basement _____<br>Other Heated _____<br>Total Heated _____ | | **NEW Unheated Area (square feet):**<br>Attached Garage _____<br>Unfinished Area _____<br>Porch _____<br>Deck _____<br>Sunroom _____ | | **NEW Accessory (square feet):**<br>Detached Garage _____<br>Storage _____<br>Carport _____<br>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:**<br>___Yes ___No ___N/A |
| **Plans Reviewed By:** | **Date:** | **Called:** |
| **Comments:** _____<br>_____<br>_____ | | |

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

FOUR OAKS
North Carolina

**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**_____

**FLOODOPLAN**_____**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 DEVELOLER OR HOME OWNER ASSOCIATION WHERE APPLICABLE FOR ANY RESTRICTIVE COVENANTS BEFORE BEGINGING CONSTRUCTION**

APPROVED: _____ TITLE: _____ DATE: _____