



## TOWN OF FOUR OAKS

304 N MAIN ST. POX 610 FOUR OAKS NC 27524

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[www.buildinginspector@fouroaks-nc.com](http://www.buildinginspector@fouroaks-nc.com)

### Residential 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: \_\_\_\_\_

<b>Water Source:</b> ____ Public ____ Well ____ Aqua ____ Other	<b>Wastewater Source:</b> ____ 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: \_\_\_\_\_

<b>Permit Type:</b>							
<input type="checkbox"/> New Construction	<input type="checkbox"/> Remodel	<input type="checkbox"/> Addition	<input type="checkbox"/> Modular	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Moved House	<input type="checkbox"/> Fire or Storm Damaged Structure	<input type="checkbox"/> Deck
<input type="checkbox"/> Storage Building	<input type="checkbox"/> Porch	<input type="checkbox"/> Garage	<input type="checkbox"/> Other				

**Description of Project:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Siding Type:</b>							
<input type="checkbox"/> Brick	<input type="checkbox"/> Hardiplank	<input type="checkbox"/> Log Home	<input type="checkbox"/> Masonry	<input type="checkbox"/> Metal	<input type="checkbox"/> Stone	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Wood
<b>Foundation Type:</b>							
<input type="checkbox"/> Monolithic Slab	<input type="checkbox"/> Stem Wall Slab	<input type="checkbox"/> Crawl					
<b>Fireplace:</b>				<b>Closed Crawlspace:</b>			
<input type="checkbox"/> Gas	<input type="checkbox"/> Wood	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Conditioned	<input type="checkbox"/> Unconditioned	
<b>Building Height:</b>	<b>Stories:</b>	<b>Beds:</b>	<b>Baths:</b>	<b>Using Spray Foam Insulation:</b>			
				If yes, complete spray foam form. <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>NEW Heated Area (square feet):</b>		<b>NEW Unheated Area (square feet):</b>			<b>NEW Accessory (square feet):</b>		
First Floor	_____	Attached Garage	_____	Detached Garage	_____		
Second Floor	_____	Unfinished Area	_____	Storage	_____		
Basement	_____	Porch	_____	Carport	_____		
Other Heated	_____	Deck	_____	Other	_____		
Total Heated	_____	Sunroom	_____				
<b>Preapproved Plan Number:</b>		<b>Plan Name:</b>			<b>Total Project Cost:</b>		

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 OUR BUILDING INSPECTOR AND ALL APPLICABLE FEES HAVE BEEN PAID.

\_\_\_\_\_  
SIGNATURE (Applications must be signed and dated by Applicant)

\_\_\_\_\_  
Date

### OFFICE USE ONLY

<b>Received Date:</b>	<b>Received By:</b>	<b>Site Plan Submitted:</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Plans Reviewed By:</b>	<b>Date:</b>	<b>Called:</b>
<b>Comments:</b> _____		
_____		
_____		