



# JOHNSTON COUNTY BUILDING INSPECTIONS DEPARTMENT

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[WWW.JOHNSTONNC.COM/INSPECTIONS](http://WWW.JOHNSTONNC.COM/INSPECTIONS)  
[inspections@johnstonnc.com](mailto:inspections@johnstonnc.com)



## Residential Plan Review & Permit Application

APPLICANT NAME: \_\_\_\_\_

APPLICANT ADDRESS: \_\_\_\_\_

APPLICANT PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_

PROPERTY OWNER ADDRESS: \_\_\_\_\_

PROPERTY OWNER PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_

LOT: \_\_\_\_\_ POWER COMPANY: \_\_\_\_\_

WATER SOURCE:				WASTE WATER SOURCE:			
<input type="checkbox"/> PUBLIC	<input type="checkbox"/> WELL	<input type="checkbox"/> AQUA	<input type="checkbox"/> OTHER	<input type="checkbox"/> PUBLIC	<input type="checkbox"/> AQUA	<input type="checkbox"/> SEPTIC TANK	<input type="checkbox"/> OTHER

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

GENERAL CONTRACTOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ LICENSE#: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ELECTRICAL CONTRACTOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ LICENSE#: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MECHANICAL CONTRACTOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ LICENSE#: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PLUMBING CONTRACTOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ LICENSE#: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**PERMIT TYPE:**

- NEW CONSTRUCTION  
  REMODEL  
  ADDITION  
  MODULAR  
  MOBILE HOME  
  MOVED HOUSE  
 FIRE/STORM DAMAGED STRUCTURE  
  DECK  
  STORAGE BUILDING  
  PORCH  
  GARAGE  
  OTHER \_\_\_\_\_

**DESCRIPTION OF PROJECT:**

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**SIDING TYPE:**

- BRICK  
  HARDIPLANK  
  LOGHOME  
  MASONRY  
  METAL  
  STONE  
  VINYL  
  WOOD

**FOUNDATION TYPE:**

- MONOLYTHIC SLAB  
                                 
  STEM WALL SLAB  
                                 
  CRAWL

**FIREPLACE:**

- GAS  
  WOOD  
  N/A

**CLOSED CRAWLSPACE:**

- YES  
  NO  
                                 
  CONDITIONED  
                                 
  UNCONDITIONED

**BLDG HEIGHT:**

**STORIES:**

**BEDS:**

**BATHS:**

**USING SPRAY FOAM INSULATION:**

- If yes, please complete spray foam form.  
 YES  
 NO

**NEW HEATED AREA (SQUARE FEET):**

- 1ST FLOOR \_\_\_\_\_  
 2ND 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 #:**

**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** (Application 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:**

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