

405 County Complex Rd.
Clinton NC 28328
Inspection: 910-592-0146
Planning: 910-631-1039
Fax: 910-596-0773



Hours of Operation:
Mon-Thurs. 7AM-5:30PM

Sampson County Inspection and Planning Department

Requirements on plans for Plan Review

- Plans must meet the current edition of the **NC Residential Building Code**.
- Show front, rear and side elevations and type of wall covering.
- Footing, slab, pier, and foundation details
- Notes on anchor bolts or tie down requirements.
- Floor system, sizes of girders, joist and spacing
- Floor plan, names of rooms, location of walls, windows and doors, sizes, header sizes, point loads.
- Details on brace walls if needed.
- Roof and ceiling details including joist and rafter size, spacing, direction and supports.
- Truss layouts
- Energy details, insulation values

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Sampson County Inspection and Planning Department
Myron L. Cashwell
Inspection and Planning Director

Plans Review Application

NOTE: 2 SETS OF PLANS ARE REQUIRED FOR ALL COMMERCIAL CONSTRUCTION
Please provide a copy of these two permits when applicable.

Zoning Permit

Septic Permit

Project Name: _____ Project Owner: _____

****WILL THE CONSTRUCTION BE LOCATED NEAR THE SEPTIC AND/OR DRAIN FIELD LINES? ****

Yes No

Project Description: _____

Jobsite Address: _____

Type of Building:

New	Existing	Addition	N/A
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Plumbing # of Fixtures: _____ Electrical # Service Amps: _____

No. of Stories: _____

Total Area of Building (Sq. Ft.): _____

Heated Area (Sq. Ft.): _____ Unheated Area (Sq. Ft.): _____

General Contractor: _____ Phone #: _____

Estimated Construction Cost: _____

Applicant Signature: _____ Date: _____

OFFICE USE ONLY (COPIES REQUIRED)

RESIDENTIAL or COMMERCIAL

ZONING PERMIT: YES _____ NO _____

SEPTIC: YES _____ NO _____

FIRE MARSHAL LETTER REQUIRE FOR COMMERCIAL BUILDING (COUNTY ONLY):

YES _____ NO _____

FIRE MARSHAL LETTER REQUIRED FOR COMMERCIAL BUILDING (CITY):

CLINTON _____ NEWTON GROVE _____ SALEMBURG _____

****Note: We do not collect Fees for the Commercial Building in the Cities Listed Above****

Plans Received By: _____

Date: _____