



**CAMDEN COUNTY**  
NORTH CAROLINA • USA  
*Boundless Opportunities.*

## Department of Inspections Commercial Building Permit Application

**Office Use Only - Do Not Write In This Area.** Owner Verification: DB: \_\_\_\_\_ PG: \_\_\_\_\_

UDO# \_\_\_\_\_ PIN# \_\_\_\_\_

Permit# \_\_\_\_\_ Workers Comp Number: \_\_\_\_\_

Permit Fees: \$ \_\_\_\_\_ WC Expiration: \_\_\_\_\_

Water Tap Fee: \_\_\_\_\_ Sewer Service Fee: \_\_\_\_\_

Zoning District: \_\_\_\_\_ Flood Zone: \_\_\_\_\_ Watershed? \_\_\_\_\_ CAMA District? \_\_\_\_\_

**GENERAL INFORMATION**

Project Description/Name: \_\_\_\_\_

Has Appendix B been submitted? Yes No

Temp Pole (Yes/No): Yes No Project Cost (REQUIRED): \$ \_\_\_\_\_

Occupancy Type: \_\_\_\_\_ Accessory Occupancy Type: \_\_\_\_\_

Occupant Load: \_\_\_\_\_ Construction Type: \_\_\_\_\_

Check Permit Types Needed: Mechanical: \_\_\_\_\_ Electrical: \_\_\_\_\_ Plumb: \_\_\_\_\_ Gas: \_\_\_\_\_

**1) PROJECT INFORMATION**

Project Address: \_\_\_\_\_

City: \_\_\_\_\_ State: *North Carolina* Zip Code: \_\_\_\_\_

Township: Courthouse(Camden) Shiloh South Mills

**2) RESPONSIBLE PARTY: \_\_\_\_\_ Property Owner or \_\_\_\_\_ General Contractor**

*Property Owner continue to #3*

Contractor Company Name: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

General Contracting License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**3) OWNER INFORMATION**

Property Owner: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

**4)** Lot Width (Front): \_\_\_\_\_ Lot Depth (Side Length): \_\_\_\_\_ Total Lot sq. ft.: \_\_\_\_\_

Bldg Width (Front): \_\_\_\_\_ Bldg Depth (Side Length): \_\_\_\_\_ Total Lot sq. ft.: \_\_\_\_\_

**5)** Select Water Source: Well \_\_\_\_\_ Camden Water \_\_\_\_\_ South Mills Water Association \_\_\_\_\_

Select Sewer Source: ARHS-Approved Septic \_\_\_\_\_ Camden Sewer \_\_\_\_\_

Select: Dominion Power \_\_\_\_\_ Albemarle Electric \_\_\_\_\_

**SUB CONTRACTORS**

<b>Electrical:</b>	Name of License Holder: _____ Company Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Cell: _____ Email: _____ License #: _____ License Class: _____ Expiration: _____
<b>Mechanical:</b>	Name of License Holder: _____ Company Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Cell: _____ Email: _____ License #: _____ License Class: _____ Expiration: _____
<b>Plumbing:</b>	Name of License Holder: _____ Company Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Cell: _____ Email: _____ License #: _____ License Class: _____ Expiration: _____
<b>Insulation:</b>	Name: _____ Company Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Cell: _____ Email: _____
<b>Gas:</b>	Name of License Holder: _____ Company Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Cell: _____ Email: _____ License #: _____ License Class: _____ Expiration: _____
<b>Sprinkler:</b>	Name of License Holder: _____ Company Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Cell: _____ Email: _____ License #: _____ License Class: _____ Expiration: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

I do certify I have download & read memos A & B on the Camden County Planning, Zoning, & Flood Department Website related to the building process.

Owner/Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_