



CAMDEN COUNTY
NORTH CAROLINA • USA
Boundless Opportunities.

Department of Inspections Mechanical, Electrical, Plumbing and Gas Permit Application

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

UDO# _____ PIN# _____

Permit# _____ Permit Fees: \$ _____

Zoning District: _____ Flood Zone: _____ Watershed? _____ CAMA District? _____

GENERAL INFORMATION

Select Permit Type (s):

Electrical Plumbing Mechanical Gas

Project Cost (REQUIRED): \$ _____

Project Description: _____

1) **PROJECT INFORMATION**

Project Address: _____

City: _____ State: *North Carolina* Zip Code: _____

Township: Courthouse (Camden) Shiloh South Mills

2) **RESPONSIBLE PARTY:** Property Owner or Trade 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) **Mechanical:** Is this a same size change out? Yes No Not Applicable

Mechanical Type/ Tonnage: _____

Other Mechanical Type/Tonnage: _____

Change Out Breaker Size: Amps Indoor: _____ Amps Outdoors: _____

Electrical: Amps: _____

Plumbing: Number of Bathrooms: _____ Number of Fixtures: _____

Gas: Is this New or an Addition? New Add Conveting to Natural Gas: Yes No

Generator: _____ Tank/Lines: _____

List Appliance (s) to be Connected: _____

Description of work: _____

(Attach separate sheet if necessary)

SUB CONTRACTORS

Electrical: **Name of License Holder:** _____
Company Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____ **Cell:** _____
Email: _____
License #: _____ **License Class:** _____ **Expiration:** _____

Mechanical: **Name of License Holder:** _____
Company Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____ **Cell:** _____
Email: _____
License #: _____ **License Class:** _____ **Expiration:** _____

Plumbing: **Name of License Holder:** _____
Company Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____ **Cell:** _____
Email: _____
License #: _____ **License Class:** _____ **Expiration:** _____

Gas: **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: _____