CAMDEN COUNTY
NORTH CAROLINA • USA
Boundless Opportunities.

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

GENERAL INFORMATION

Select Permit Type (s):

Mechanical: _____ **Electrical:** _____ **Plumb:** _____ **Gas:** _____

Project Cost (REQUIRED): $ _____

1) PROJECT INFORMATION

Project Address: _____

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

Township: _____

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? _____

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? _____ **Conversion to Natural Gas:** _____

Generator: _____ **Tank/Lines:** _____

List Appliance (s) to be Connected: _____

Description of work: _____

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:_____