

**COUNTY OF CAMDEN, DEPARTMENT OF INSPECTIONS
Mechanical, Electrical, Plumbing, and Gas Permit Application**

Check ALL Permit types needed below:

Mechanical

Electrical

Plumbing

Gas

OFFICE USE ONLY

UDO # _____ Permit # _____ Zoning: _____

Flood Zone: [] X [] AE [] AEFW Elizabeth City Watershed: [] Yes [] No

PIN: _____

GENERAL INFORMATION

Permit Type Applied For: [] Electrical [] Mechanical [] Plumbing [] Gas [] Other (See Below)

Project Description:

Temp Pole (Yes / No)? [] Yes [] No [] Not Applicable

1) Property Address:

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

Township: [] Camden [] Shiloh [] South Mills

2) Owner Name:

Email:

Address:

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

3) Who is doing the work? Property Owner or Contractor [see reverse for sub-contractors]

Responsible Party: [] Property Owner [] General [] Electrical [] Mechanical [] Plumbing [] Gas

Contractor Name:

Company Name:

Address:

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

License Number: _____ **Project Cost (REQUIRED): _____

License Expiration:

Other information:

4) Electrical: Amps: _____ Plumbing: # Bathrooms: _____ # Fixtures: _____

Mechanical: Type of Mechanical: [] N/A [] Split Sys HP [] Gas Pack Other: _____

Tonage (if applicable): [] N/A [] 1 [] 1½ [] 2 [] 2½ [] 3 [] 3½ [] 4 [] 4½ [] 5
Mechanical Type / Tonnage - Other: _____

Breaker Size Required For Mechanical Change-Out: Indoor: _____ Amps; Outdoor: _____ Amps;

Is this a same size change out?: [] Yes [] No [] N/A

Associated Permits:

SUB-CONTRACTORS

ELECTRICAL: **Name:** _____ **Email:** _____
 Company Name: _____
 Address: _____
 City: _____ **State:** _____ **Zip:** _____
 Phone: _____ **Cell:** _____ **Fax:** _____
 License#: _____ , *Class:* _____ , *Holder:* _____ **Exp:** _____

MECHANICAL: **Name:** _____ **Email:** _____
 Company Name: _____
 Address: _____
 City: _____ **State:** _____ **Zip:** _____
 Phone: _____ **Cell:** _____ **Fax:** _____
 License#: _____ , *Class:* _____ , *Holder:* _____ **Exp:** _____

PLUMBING: **Name:** _____ **Email:** _____
 Company Name: _____
 Address: _____
 City: _____ **State:** _____ **Zip:** _____
 Phone: _____ **Cell:** _____ **Fax:** _____
 License#: _____ , *Class:* _____ , *Holder:* _____ **Exp:** _____

GAS: **Name:** _____ **Email:** _____
 Company Name: _____
 Address: _____
 City: _____ **State:** _____ **Zip:** _____
 Phone: _____ **Cell:** _____ **Fax:** _____
 License#: _____ , *Class:* _____ , *Holder:* _____ **Exp:** _____

PLEASE SUBMIT A GAS CONTRACTOR AFFIDAVIT IF NEEDED:

***The following items shall be required before final inspection and certification of occupancy is released.

1. Certificate of Elevation (if required).
2. Certificate of authorized contractors (Electrical, Mechanical, Plumbing) attached as "Exhibit A", and by references, incorporated herein as if set forth verbatim.

Please Note: If you choose to use a Sub-Contractor and have not listed them on your application, you will need to provide this information to the Planning Department clerk before scheduling your inspections. Failure to do so may result in reinspection fees. You may contact the Planning Department clerk at: (252) 338-1919 extension 235.

Affidavit of Application

I hereby certify that I have the authority to make the necessary applications, that the applications are correct, and that the construction will conform to the regulations in the Building, Plumbing, Insulation, and Mechanical Codes, and all other LOCAL and STATE laws and/or ordinances.

I do certify and guarantee that prior to the commencement of any work performed, I/we shall have obtained the necessary permits authorizing said work and also do acknowledge that unless I fully comply with all STATE and LOCAL regulations governing those permits heretofore issued, they shall be void and of no further force of effect. This shall result in the automatic revocation of all permits of authorization issued. If I/we have not obtained the necessary permits required prior to commencement of any work performed this too shall result in automatic revocation of any permits and all authorization to proceed with work.

Issuing Officer, Permit Clerk

Signature of Applicant

Date