



CAMDEN COUNTY
NORTH CAROLINA • USA
Boundless Opportunities.

Department of Inspections Multi-Purpose Building Permit Application

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

UDO# _____ PIN# _____

Permit# _____ Permit Fees: \$ _____

Water Tap: _____ Sewer Service: _____ Zoning District: _____

Flood Zone: _____ Watershed? CAMA District?

Workers Comp Number: _____ Expiration Date: _____

GENERAL INFORMATION

Project Description: _____

Temp Pole (Yes / No): Yes No Building Cost (REQUIRED): \$ _____

Check Permit Types Needed: Mechanical Electrical Plumbing 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) Length: _____ Width: _____ Height: _____ Total Addition sq. ft.: _____

Foundation Type: _____ Deck Post Size: _____

Mechanical: Is this a same size change out? Yes No Mechanical Type/ Tonnage: _____

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

Electrical: Describe (Amps): _____

Plumbing: Describe Additional Bathrooms/Fixtures: _____

Gas: Describe Below (New/Addition, Conversion, Generator, Tank/Lines, Appliances to Connect): _____

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: _____
Insulation:	Name of License Holder: _____ Company Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Cell: _____ Email: _____
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: _____