

## Department of Inspections Single Family Dwelling Application Stick Built Modular or Manufactured Home

Office Use Only - Do Not Write In This Area. Owner Verification: DB: PG:					
UDO#	PIN#				
Perm	it#Permit Fees: \$				
Wate	r Tap: Sewer Service: Zoning District:				
Flood Zone: Watershed? CAMA District?					
Workers Comp Number: Expiration Date:					
	RAL INFORMATION-				
Temp	Pole (Yes / No / NA): Building Cost (REQUIRED): \$				
Chec	k Permit Types Needed: Mechanical:Electrical:Plumb:Gas:				
1)	PROJECT INFORMATION				
	Project Address:				
	City: State: North Carolina Zip Code:				
	Township: Lot #: Subdivision:				
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)	Stick Built- YES NO				
,	Modular - New Used On Frame Off Frame				
	Manufactured New Used Year Model/Make				
<b>5</b> )	Lot Width (Front): Lot Depth (Side Length): Total Lot sq. ft.:				
	Building Length: Building Width: Total Building sq. ft.:				
_,					
6)	,				
	Select Sewer Source: Approved Septic Camden Sewer  Select: Dominion Power Albemarle Electric				
	Gelect. Dominion Fower Albemane Electric				

		SUB CONTRACTORS		
Electrical:	Name of License Holder:			
	Company Name:			
	Address:			
	City:	State:	Zip:	
		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:				
	Address:			
		State:		
	·	Cell:	·	
	Email:			
Gas:	Name of License Holder:			
	Company Name:			
	Address:			
	City:	State:		
		Cell:		
	Email:			
	License #:		Expiration:	

FEMA Elevation Certificate required when <u>ANY</u> part of the Single-Family Dwelling Structure is located in the AE Flood Zone.

1)	Number of Stories: 1 story 1½ story 2 story 2.5 story 3 story Number of Bedrooms: Number of Bathrooms			
2)	Type of Constructions:			
3)	Foundation Type: Slab: Crawl Ventilated Crawl Closed: Maximum Pier Height: Total # Rows of Piers:			
5)	Trusses: YES/NO; in. O.C. with a clear span			
6)	All Lumber Species: Southern Pine; Spruce/Fir; Lumber grade			
7)	ATTIC Area:sq. ft.			
	Attic Access: Fixed stairs Pull down Access Hole, (X)			
8)	Number of Roof Vents with square inches. <u>NET FREE</u> area/vent			
	Number of Soffit Vents with square inches. <u>NET FREE</u> area/vent			
	Linear Feet. of <u>continuous</u> soffit ventilation,withSquare inches <u>net free</u> area			
	TOTAL net free area of attic ventilation sq. in. provided			
9)	Structural Steel I-Beam: Yes No Size:X, clear span			
10) 11)	Room over the garage: Yes No Proposed use: Type of heat: Location of unit Number of returns			
12) 13)	Type of water heater: Electric:; Gas: Location: Fireplace: Yes/No; Type of Fireplace: Masonry: Prefab:			
14)	Does any system to be Installed use Natural Gas or LP Gas?			
15)	Deck: Yes: No: Dimensions: X Height above grade:         Post Size: 4x4 4x6 6x6			
16)	Species: Southern Pine; Spruce/Fir; Lumber grade			
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:				