



**CAMDEN  
COUNTY**  
NORTH CAROLINA • USA  
*Boundless Opportunities.*

## 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# \_\_\_\_\_

Permit# \_\_\_\_\_ Permit Fees: \$ \_\_\_\_\_

Water Tap: \_\_\_\_\_ Sewer Service: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Flood Zone: \_\_\_\_\_ Watershed? \_\_\_\_\_ CAMA District? \_\_\_\_\_

Workers Comp Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### GENERAL INFORMATION-

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

Check Permit Types Needed: Mechanical: \_\_\_\_\_ Electrical: \_\_\_\_\_ Plumb: \_\_\_\_\_ Gas: \_\_\_\_\_

#### 1) PROJECT INFORMATION

Project Address: \_\_\_\_\_

City: \_\_\_\_\_ State: *North Carolina* Zip Code: \_\_\_\_\_

Township: \_\_\_\_\_

#### 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 \_\_\_\_\_

5) Lot Width (Front): \_\_\_\_\_ Lot Depth (Side Length): \_\_\_\_\_ Total Lot sq. ft.: \_\_\_\_\_

Building Length: \_\_\_\_\_ Building Width: \_\_\_\_\_ Total Building sq. ft.: \_\_\_\_\_

6) Select Water Source: Well \_\_\_\_\_ Camden County Water \_\_\_\_\_  
Select Sewer Source: Approved Septic \_\_\_\_\_ Camden Sewer \_\_\_\_\_  
Select: Dominion Power \_\_\_\_\_ Albemarle Electric \_\_\_\_\_

SUB CONTRACTORS	
<b>Electrical:</b>	Name of License Holder: _____ Company Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Cell: _____ Email: _____ License #: _____ License Class: _____ Expiration: _____
<b>Mechanical:</b>	Name of License Holder: _____ Company Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Cell: _____ Email: _____ License #: _____ License Class: _____ Expiration: _____
<b>Plumbing:</b>	Name of License Holder: _____ Company Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Cell: _____ Email: _____ License #: _____ License Class: _____ Expiration: _____
<b>Insulation:</b>	Name: of License Holder _____ Company Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Cell: _____ Email: _____
<b>Gas:</b>	Name of License Holder: _____ Company Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Cell: _____ Email: _____ License #: _____ License Class: _____ Expiration: _____

FEMA Elevation Certificate required when **ANY** 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 Bedrooms: ____
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, ____ with ____ Square inches <u>net free</u> area  <b>TOTAL net free</b> area of attic ventilation ____ sq. in. provided
9)	Structural Steel I-Beam: Yes ____ No ____ Size: ____X____, ____ clear span
10)	Room over the garage: Yes ____ No ____ Proposed use: _____
11)	Type of heat: _____ Location of unit _____ Number of returns _____
12)	Type of water heater: Electric: ____; Gas: ____ Location: _____
13)	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: \_\_\_\_\_