



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

## Department of Inspections Pool/Spa Permit Application

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

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

Pin# \_\_\_\_\_

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

### GENERAL INFORMATION

Select: Pool  Spa  Select: Inground  Above Ground

Is Electrical work needed (such as new Circuits)?  Yes  No

Pool/Spa Cost (REQUIRED): \$ \_\_\_\_\_

**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) Dimensions: Length: \_\_\_\_\_ X Width: \_\_\_\_\_ Specific Shape: \_\_\_\_\_**

**5) Electrical: Amps: \_\_\_\_\_ Electrical Company Name: \_\_\_\_\_**

License#: \_\_\_\_\_ Expiration: \_\_\_\_\_ Holder: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

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 Appendix V on the Camden County Planning, Zoning, & Flood Department Website related to Pools and Spas.

Owner / Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_