



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-

Do You Need A Temp Pole? Yes No N/A 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 Water ___ South Mills Water Association ___

Select Sewer Source: ARHS-Approved Septic ___ Camden Sewer ___

Select: Dominion Power ___ Albemarle Electric ___

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: _____ 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: _____

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 Bathrooms: _____
2)	Type of Constructions: _____
3)	Foundation Type: Slab: ____ Other: _____ 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 ____; Combination of Both ____; 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 TOTAL net free 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? Yes: ____ No: ____
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: _____