

COUNTY OF CAMDEN  
DEPARTMENT OF INSPECTIONS

Building Permit Application

Temp Pole? ☐ Yes ☐ No

Please read the handout(s) provided by the Planning Department for your project and initial that you have received a copy and understand the requirements.

Memos A, B, and C Initial Here: \_\_\_\_\_ Appendix G Initial Here: \_\_\_\_\_  
Storage & Disposal, Building Code, and Inspection Information Pools, Spas & Hot Tubs

UDO# \_\_\_\_\_ Inspector: \_\_\_\_\_ Pin# \_\_\_\_\_

Office Use Only

PERMIT NO.: \_\_\_\_\_

PERMIT ISSUED: \_\_\_\_\_

JOB COMPLETED: \_\_\_\_\_

Construction Type: \_\_\_\_\_

PERMIT FEES: Building \_\_\_\_\_

HOMEOWNERS RECOVERY FUND FEE: \_\_\_\_\_

WORKERS' COMPENSATION

VERIFICATION: \_\_\_\_\_

SUBMITTED: YES \_\_\_\_\_ NO \_\_\_\_\_

WIND ZONE: 110 \_\_\_\_\_

Water Tap \_\_\_\_\_ Sewer Service \_\_\_\_\_

\$ \_\_\_\_\_ Zone: ( \_\_\_\_\_ )

General Information

- 1) General Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_
- 2) Address: \_\_\_\_\_ Contractor License#: \_\_\_\_\_  
General Contractor Email Address: \_\_\_\_\_
- 3) Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_
- 4) Current Address: \_\_\_\_\_  
Property Owner Email Address: \_\_\_\_\_
- 5) Project Address: \_\_\_\_\_  
Is this a corner lot? \_\_\_\_\_ Does the property owner own abutting property? \_\_\_\_\_
- 6) Lot Width (frontage): \_\_\_\_\_ Lot Depth (length): \_\_\_\_\_ Total: \_\_\_\_\_
- 7) Type Improvement: ☐ New ; ☐ Addition ; ☐ Remodel ; ☐ Repair ; ☐ Roofing  
☐ Siding ; ☐ Moving ; ☐ Sign ; ☐ Demolition  
Type of Occupancy/Proposed Use: \_\_\_\_\_
- 8) Type Construction: ☐ Wood Frame ; ☐ Masonry ; ☐ Steel/Metal ; ☐ Other: \_\_\_\_\_
- 9) Total Square Footage of Structure: \_\_\_\_\_ Dimensions: \_\_\_\_\_ X \_\_\_\_\_
- 10) Occupancy Type: ☐ Single Family ; ☐ Two Family ; ☐ Multi Family  
☐ Accessory Building ; ☐ Other: \_\_\_\_\_
- 11) Number Buildings: \_\_\_\_\_ Number Dwelling Units: \_\_\_\_\_  
Number Off-Street Parking Spaces: \_\_\_\_\_  
Number Bathrooms: \_\_\_\_\_ Number Bedrooms: \_\_\_\_\_ Flood Zone Designation: \_\_\_\_\_
- 12) Utilities: Water: ☐ Public ☐ Private Sewer: ☐ Public ☐ Health Department Approval  
Electric: ☐ Albemarle Electric ☐ Dominion Power  
Amperage: \_\_\_\_\_ Phase: \_\_\_\_\_ Voltage: \_\_\_\_\_

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## Sub-Contractors

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**Electrical:** \_\_\_\_\_ License#: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone#: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Mechanical:** \_\_\_\_\_ License#: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone#: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Plumbing:** \_\_\_\_\_ License#: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone#: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Insulation:** \_\_\_\_\_ License#: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone#: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Sprinkler:** \_\_\_\_\_ License#: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone#: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## Building Details

- 1) **Number of Stories**    ☐ 1 Story            ☐ 1 ½ Story            ☐ 2 Story            ☐ 3 Story  
**Type of Siding**        ☐ Brick Veneer    ☐ Vinyl/Aluminum    ☐ Wood            ☐ EIFS

- 2) **Foundation:** ☐ Continuous ☐ Piers ☐ Pier-Curtain Wall ☐ Slab

Trench Footing Size:     \_\_\_ Wide X \_\_\_ Deep ;     Concrete Thickness: \_\_\_ Inches  
Pier Footing Size:       \_\_\_ X \_\_\_ X \_\_\_ Deep ;     Concrete Thickness: \_\_\_ Inches  
Block Size:             \_\_\_ X \_\_\_ X \_\_\_ ;           Cap Block Size: \_\_\_ X \_\_\_ X \_\_\_  
Maximum Pier Height:   \_\_\_ Total # Rows of Piers ;     House Width: \_\_\_  
Exterior Girder Size:   \_\_\_ X \_\_\_ X \_\_\_ with a \_\_\_ Clear Span ; Species \_\_\_  
Interior Girder Size:   \_\_\_ X \_\_\_ X \_\_\_ with a \_\_\_ Clear Span ; Species \_\_\_

- 3) **Crawl Space:** Access Door Size \_\_\_\_ X \_\_\_\_ ; ***Ground Vapor Barrier IS REQUIRED***

- 4) Floor System: ☐ Double Sheathing OR ☐ Tounge and Groove

1<sup>st</sup> Floor Joist Size \_\_\_\_ X \_\_\_\_, \_\_\_\_ In. O.C. with a \_\_\_\_ Clear Span  
Species: ☐ *Southern Pine* ☐ *Spruce / Fir*; Lumber Grade \_\_\_\_

2<sup>nd</sup> Floor Joist Size \_\_\_\_ X \_\_\_\_, \_\_\_\_ In. O.C. with a \_\_\_\_ Clear Span  
Species: ☐ *Southern Pine* ☐ *Spruce / Fir*; Lumber Grade \_\_\_\_

3<sup>rd</sup> Floor Joist Size \_\_\_\_ X \_\_\_\_, \_\_\_\_ In. O.C. with a \_\_\_\_ Clear Span  
Species: ☐ *Southern Pine* ☐ *Spruce / Fir*; Lumber Grade \_\_\_\_

- 5) **Ceilings:** Joist Size \_\_\_\_ X \_\_\_\_, \_\_\_\_ In. O.C. with a \_\_\_\_ Clear Span  
Species: ☐ Southern Pine ☐ Spruce / Fir; Lumber Grade: \_\_\_\_

- 6) **Roof System:** Slope \_\_\_\_ / \_\_\_\_ Type: ☐ Gable ☐ Hip ☐ Other  
( If Other, Please Specify: \_\_\_\_\_ )

Trusses: ☐ Yes ☐ No ; \_\_\_\_\_ In. O.C. with a \_\_\_\_\_ Clear Span  
Ridge Board Size: \_\_\_\_\_ X \_\_\_\_\_  
Rafter Size: \_\_\_\_\_ X \_\_\_\_\_, \_\_\_\_\_ In. O.C. with a \_\_\_\_\_ Clear Span  
Species: ☐ Southern Pine ☐ Spruce / Fir ; Lumber Grade: \_\_\_\_\_

**NOTE:** If all framing members (floor, ceiling joist and rafters) are not of the same size, then all rooms shall be listed on the back of this sheet, specifying the above framing members sizes and clear spans for each room.

## Building Details (Continued)

- 7) ATTIC Area: \_\_\_\_\_ sq. ft. Insulation: ☐ *Batts* ☐ *Blown-In*  
Access: ☐ *Fixed Stairs* ☐ *Pull Down* ☐ *Access Hole* , ( \_\_\_\_\_ X \_\_\_\_\_ )  
Number Roof Vents: \_\_\_\_\_ with \_\_\_\_\_ Square Inches Net Free Area / Vent  
Number Soffit Vents: \_\_\_\_\_ with \_\_\_\_\_ Square Inches Net Free Area / Vent  
Linear Feet of Continuous Soffit Ventilation \_\_\_\_\_ , with Square Inches Net Free Area  
**TOTAL** Net Free Area of Attic Ventilation \_\_\_\_\_ Square Inches Provided
- 8) Structural Steel I-Beam? ☐ *Yes* ☐ *No* ; Size: \_\_\_\_\_ X \_\_\_\_\_ , \_\_\_\_\_ Clear Span
- 9) Garage? ☐ *Yes* ☐ *No* Door Width \_\_\_\_\_ ; Header Size \_\_\_\_\_ , \_\_\_\_\_ X \_\_\_\_\_  
Room Over Garage? ☐ *Yes* ☐ *No* ; Proposed Use: \_\_\_\_\_  
Floor Joist Size \_\_\_\_\_ X \_\_\_\_\_ , \_\_\_\_\_ In. O.C. with a \_\_\_\_\_ Clear Span  
Species: ☐ *Southern Pine* ☐ *Spruce / Fir* Lumber Grade \_\_\_\_\_
- 10) Type of Heat: \_\_\_\_\_ Location of Unit \_\_\_\_\_ Number of Returns \_\_\_\_\_
- 11) Type of Water Heater: ☐ *Electric* ☐ *Gas* ; Location \_\_\_\_\_
- 12) Fireplace? ☐ *Yes* ☐ *No* ; ☐ *Masonry* ☐ *Pre Fab*  
Fire Place Opening \_\_\_\_\_ X \_\_\_\_\_ ; Flue Liner Size \_\_\_\_\_ X \_\_\_\_\_  
Hearth Extension: ☐ *16 Inches* ☐ *20 Inches* ☐ *Other* ( Specify Inches \_\_\_\_\_ )
- 13) Deck? ☐ *Yes* ☐ *No* Dimensions: \_\_\_\_\_ X \_\_\_\_\_ Height Above Grade: \_\_\_\_\_  
Girder Size: \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_ with a \_\_\_\_\_ Clear Span Between Posts  
Floor Joist Size \_\_\_\_\_ X \_\_\_\_\_ , \_\_\_\_\_ In. O.C. with a \_\_\_\_\_ Clear Span  
Species: ☐ *Southern Pine* ☐ *Spruce / Fir* Lumber Grade \_\_\_\_\_
- 14) Detached Accessory Building? ☐ *Yes* ☐ *No* Dimensions: \_\_\_\_\_ X \_\_\_\_\_

Submitted By: \_\_\_\_\_  
(Owner)

Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_  
(Inspector)

Date: \_\_\_\_\_

No work shall be covered or concealed until approved by an Inspector from the County Inspections Department. A floor plan, with all rooms and buildings indicated, shall be drawn on a site plan and submitted for approval with this application. The site plan shall show the **dimensions of the property, buildings, rooms, existing and proposed buildings** with existing or proposed set backs from the property lines, off-street parking spaces and any required landscaping buffer strips when applicable. Said plan shall be neat and show accurate dimensions.

**REQUIRED INSPECTIONS:**

- \*1.) Footing and/or Under Slab Inspection (**PRIOR** to placement of concrete). Any required tie downs, rebar,dowels, etc., shall be in place at the time of inspection.
- 2.) Foundations: Walls and/or piers. (Leave footings uncovered for this inspection.)
- 3.) Floor framing (**PRIOR** to placement of sheathing). (Crawl space shall be properly graded for this inspection.)
- 4.) Wall and roof sheathing inspection **PRIOR** to covering. All required blocking shall be in place.
- 5.) Rough in for electrical, plumbing, mechanical, and framing.
- 6.) Insulation.
- 7.) Suspended porch slab, **PRIOR** to concrete.
- 8.) Underground Electrical Services.
- 9.) Final Inspection

**NOTE:** Sanitary toilet facilities SHALL be on the job site at all times during the construction process. All wood in contact with slab on grade floor slabs shall be of approved, durable, and **treated** wood. Wood grade stakes **are not allowed** in footings or slab. Galvanized nails shall be used to attach regular wood to pressure treated wood.

**\* Vegetation and organic material (top soil) shall be removed prior to the placement of any fill material.**

The applicant listed below, certifies that all information in this application is correct and hereby agrees to have the subject building(s) erected or altered in accordance with the N. C. State Building Code(s) and any other applicable local code.

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date

***For Office Use Only***

Zoning District: \_\_\_\_\_

Flood Zone: \_\_\_\_\_

Property is located inside: \_\_\_\_\_

Flood Plain? Yes / No

CAMA District? Yes / No