

FEE OF \$30.00

# APPLICATION FOR OCCUPANCY PERMIT

## CITY OF CAMDEN

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

Occupancy Permit must be completed for any new business or on relocation of an existing business, and submitted with application for Electric and Water Service and Business License.

Name of Business \_\_\_\_\_

Type of Business \_\_\_\_\_

Proposed Location \_\_\_\_\_

Will Occupy All of Building \_\_\_\_\_ Portion of Building \_\_\_\_\_

If Portion of Building, Define That Part of Building To Be Used \_\_\_\_\_

City Business License \_\_\_\_\_ Signed \_\_\_\_\_

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### II TO BE COMPLETED BY BUILDING OFFICIAL

Occupancy Classification \_\_\_\_\_

Fire Zone \_\_\_\_\_

Building Data:

Masonry \_\_\_\_\_ Metal \_\_\_\_\_ Frame \_\_\_\_\_

Roof \_\_\_\_\_

Type Heating \_\_\_\_\_ Condition \_\_\_\_\_

Wiring \_\_\_\_\_ Adequacy \_\_\_\_\_

Size Length \_\_\_\_\_ Width \_\_\_\_\_ No. Stories \_\_\_\_\_

Type of Construction \_\_\_\_\_

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### III APPROVED DISAPPROVED (Reason)

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Signed \_\_\_\_\_

**Fire Chief**

\_\_\_\_\_  
**Building Official**

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**1. ZONING AND BUILDING CODES**

The Zoning Ordinance controls the types of permitted uses for a building in specific areas. The Building Code specifies protection/separation between building and uses. The Change of Occupancy of building will require that buildings are made to conform with the intent of the technical codes.

**2. BUILDING, ELECTRICAL, AND MECHANICAL PERMITS REQUIRED**

Prior to any renovations or construction, the necessary application must be submitted and permits obtained.

**3. SIGN/PERMIT APPLICATION**

The City of Camden has a Sign Ordinance which restricts the type and size of signs permitted. An application and permit fee are required for all signs.

**4. STREET NUMBERS REQUIRED**

The correct street numbers as listed by 911 are required to be installed over the front and rear entrance doors or other approved locations prior to occupancy. These numbers shall be black or other approved color and be no less than four (4) inches high.

**5. PERMITS ARE REQUIRED PRIOR TO INSTALLING AWNINGS.**

**6. PAINTING PERMITS AND COLOR APPROVAL REQUIRED FOR THE EXTERIOR OF COMMERCIAL BUILDINGS.**

**7. CITY BUSINESS LICENSE REQUIRED.**

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Applicant

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Date

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**CITY OF CAMDEN  
DEPARTMENT OF PUBLIC WORKS**

**ELECTRIC LOAD PROFILE**

Customer Name: \_\_\_\_\_

Customer Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Type of Commercial Service Requested:

Single Phase: \_\_\_\_\_ Three Phase \_\_\_\_\_

Voltage Requirement: \_\_\_\_\_

Main Disconnect Size: \_\_\_\_\_ Amps

\_\_\_\_\_

\_\_\_\_\_

Service Information:

Water Heater                      Electric      or      Gas

Kitchen Equipment                Electric      or      Gas

Heat                                  Electric      or      Gas

Heat Pump      or      Resistance

Total HP \_\_\_\_\_ Strip Heat KW Total \_\_\_\_\_

Air Conditioner                      Total BTU \_\_\_\_\_

Total KW Required: \_\_\_\_\_

NOTE:      For Commercial Customers requiring loads over 50 KW, electrical drawings must be submitted to the Department of Public Works

NOTE:      By signing below, the customer accepts the existing power service currently provided to the property and also accepts responsibility for damages, at the property named above or at adjacent property served by the same transformer that may occur should the actual power requirements exceed currently supplied power.

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

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## WATER SYSTEM PROTECTION QUESTIONNAIRE

This questionnaire must be submitted to the Customer Service Department at City Hall prior to water service connection. In the event the information provided is incorrect or changes, a high hazard condition will be determined and you will be required to take appropriate measures to prevent potential cross connection to the City water system. This program is regulated by the State Primary Drinking Water Act, copies of which may be obtained at the Department of Public Works.

**Information by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Property Information:***

Owner's Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Service Address: \_\_\_\_\_ Daytime Phone# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of facility: \_\_\_\_\_

Type of Facility (commercial, industrial, medical, institutional, residential, etc.): \_\_\_\_\_

Type of Business( retail, church, warehouse, mfg. Plant, Etc): \_\_\_\_\_

Including ground floor, how many floors in the facility? \_\_\_\_\_ Number of units \_\_\_\_\_

Water service type(potable, irrigation, cooling, combination – specify combination type \_\_\_\_\_

What meter size(in inches) that will be used or is in use for this water service? \_\_\_\_\_

List all water-using equipment in the facility(boiler for heat, cooling tower, chemical feed tanks, mixing vats, booster pumps, pressure washer, sanitizing station, etc.): \_\_\_\_\_

Is water used to supply a boat dock?	Yes	No	
Is water supplied to a pool?	Yes	No	
Is there any mixing of water and other substances In any operation?	Yes	No	
Are toxic chemicals used in any operation?	Yes	No	
Does any chemicals used in any operation?	Yes	No	
Are there other sources of water for the property other Than City water?(private, well, pond, river, etc.)	Yes	No	Specify _____
Does your water system include storage?(elevated tank, buried tank, pond reservoir, etc.)	Yes	No	Type: _____ Capacity _____
Will irrigation system use chemicals?	Yes	No	

<b>This section to be completed by City of Camden</b>
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Hazard level:                      high      moderate      low                      City installed meter:                      Yes      No

Device type required \_\_\_\_\_ Reviewed by: \_\_\_\_\_