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______________________________

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______________________________________________

III APPROVED DISAPPROVED (Reason)

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Signed______________________________________

Fire Chief_________________________________ Building Official_____________________

FEE OF $30.00
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 BUSINESSES LICENSE REQUIRED.**


Applicant ___________________________ Date ___________________________
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:__________________
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.

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**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.): ________________________________________________________

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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