



**Plumbing Permit Application**  
**Town of Waxhaw**  
**1150 N. Broome Street**  
**P.O. Box 617**  
**Waxhaw, NC 28173**  
**704-843-2195**

Email Completed Application to:  
[Inspections@waxhaw.com](mailto:Inspections@waxhaw.com)  
[www.waxhaw.com](http://www.waxhaw.com)

Permit Nu:

Date Submitted:

Residential Project: ☐

Commercial Project: ☐

Contractor Name:

Contact Nu:

Contractor Address:

NC License Nu:

Contractor City/St/Zip:

Email:

Owner Name:

Contact Nu:

Owner Address:

Owner City/St/Zip:

Subdivision Name:

Parcel Nu:

Street Address:

Lot Nu:

Nu. Bar Sinks:

Nu. Sewer Lines:

Nu. Water Closets:

Nu. Bidets:

Nu. Showers:

Nu. Washing Machines:

Nu. Dishwashers:

Nu. Tubs:

Place the sum of all fixtures from the boxes above in the box below.

Nu. Kitchen Sinks:

Nu. Urinals:

Total Nu. Fixtures:

Nu. Laundry Tubs:

Nu. Water Heaters:



Nu. Lavatories:

Nu. Water Service Lines:

Project Cost:

Project Description:

Applicant Name:

Contact Nu:

Applicant Address:

Email:

Applicant City/St/Zip:

By signing the signature block below, I attest that I am an authorized agent for all parties concerned and that all submitted information, to the best of knowledge and belief is correct. I further attest that the permit holder will comply with all applicable state and local laws, rules and ordinances and that failure to do so may result in revocation of the permit and/or other actions as provided by law.

Applicant Signature Field:

Date: