

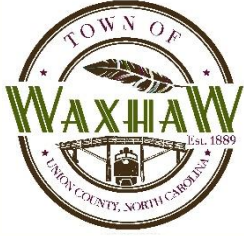
## ***SINGLE FAMILY RESIDENTIAL PERMIT APPLICATION CHECKLIST***

- \_\_\_\_\_ Zoning Permit – Construction Application Form
  - Must include all proposed setbacks & TOTAL lot coverage %.**
  - Must include survey/plot plan with property lines and structures on site.**
- \_\_\_\_\_ Erosion & Sedimentation Control Agreement
- \_\_\_\_\_ Building Permit Application Form
- \_\_\_\_\_ Plumbing Permit Application Form
- \_\_\_\_\_ Mechanical Permit Application Form  
**(Gas Logs-Require an additional Mech. Permit)**
- \_\_\_\_\_ Electrical Permit Application Form  
**(Low Voltage-Requires an additional Elec. Permit)**
- \_\_\_\_\_ 1 Complete Set of Construction Plans **(Electronic Plans Only)**
- \_\_\_\_\_ Lien Agent (<https://apps.liensnc.com/scr/login.html>)
- \_\_\_\_\_ Verification from Union County Public Works that all water and sewer system development fees have been paid. (If Applicable).
- \_\_\_\_\_ Septic System – Approved Construction Authorization from Union County Environmental Health. (If Applicable).
- \_\_\_\_\_ Water Well-Approved. Well Permit from Union County Environmental Health. (If Applicable).

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**Submit all documentation to: [inspections@waxhaw.com](mailto:inspections@waxhaw.com) for processing. Please allow 3-5 business days.**

*Inspection requests can be scheduled by e-mail at [inspections@waxhaw.com](mailto:inspections@waxhaw.com) or by telephone 704.843.2195 every day before 4pm; if after 4pm; your request will be scheduled for the next business day. If an inspection should fail, there is a re-inspection fee of \$100.00 that will need to be paid before rescheduling.*



**Town of Waxhaw  
Development Services Department**

1150 N. Broome Street, PO Box 617

Waxhaw, NC 28173

704-843-2195 (Phone)

704-243-3276 (Fax)

www.waxhaw.com

Inspections requests: [Inspections@waxhaw.com](mailto:Inspections@waxhaw.com)

Date Received

Permit Fee

Permit  
Number

**ZONING CONSTRUCTION PERMIT**

Date of Application: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Property Owner Mailing Address: \_\_\_\_\_

Type of Construction (check one):

☐ New Structure

☐ Addition


☐ Accessory Structure

☐ Other (specify) \_\_\_\_\_

Address/Location of Property: \_\_\_\_\_

Subdivision Name (if applicable): \_\_\_\_\_ Lot No. \_\_\_\_\_

Parcel Number: \_\_\_\_\_ Zoning: \_\_\_\_\_

Flood Plain on property: (check one) ☐ No ☐ Yes\*\*  Floodplain Development / Zoning  
Construction Permit must be used!

Lot Size: \_\_\_\_\_

**It is the applicant's responsibility to secure documentation of the availability options below:**

Is public water available on site? ☐ No ☐ Yes

Is well water? No ☐ Yes ☐

Is public sewer available on site? ☐ No ☐ Yes

Is septic? No ☐ Yes ☐

Is there the required access to a Town street? ☐ No ☐ Yes (then proceed)

Is access maintained through an NCDOT street? ☐ No ☐ Yes (NCDOT permit required)

**APPLICANT IS TO COMPLETE 'PROPOSED' COLUMN ONLY**

**REQUIRED**

**PROPOSED**

Front Setback	_____ ft	_____ ft
Rear Setback	_____ ft	_____ ft
Side Yard Left	_____ ft	_____ ft
Side Yard Right	_____ ft	_____ ft
Building Height (Max.)	_____ ft	_____ ft
Lot Coverage of Structures (Max.)	_____ %	_____ %

**Accessory Structure Setbacks:** Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Left: \_\_\_\_\_ Right: \_\_\_\_\_

### **ATTACHMENTS**

**In order to be considered complete, the following must accompany each application:**

1. Application fee (cash or check made payable to the Town of Waxhaw).
2. A scaled dimensional survey drawn by and certified as true and correct by a surveyor or engineer registered with the State of North Carolina which shows (a) the exact shape, dimensions and location of the lot to be built upon, and (b) the exact shape, dimensions, use and location of existing structures on the lot. Upon this survey shall be sketched the following: (a) the exact shape, dimensions and area of proposed location of the proposed structure(s) to be placed upon the lot; (b) all setback lines on the lot once the proposed residence is completed, affirmatively showing that the area of proposed location will meet all setback requirements; and (c) any other information that may be needed to insure that the proposed structure is in compliance with all applicable provisions of this Ordinance.

### **CERTIFICATIONS**

1. I hereby certify that all of the information provided for this application is, to the best of my knowledge, accurate and complete, and that the structure(s) in question are being served at this time by an approved water and sewer system.

(Signature of Applicant)

(Date)

\_\_\_\_\_

\_\_\_\_\_

2. I, \_\_\_\_\_, Owner of Property \_\_\_\_\_  
(Signature of Property Owner) (Date)

3. This application is accepted, and to the best of my knowledge, deemed to be complete.

### **THE FOLLOWING SHALL BE FILLED OUT BY THE ZONING ADMINISTRATOR**

Based on the information hereby furnished to me, and my knowledge of the Waxhaw Unified Development Ordinance, **I HEREBY:**

☐ **APPROVE**

☐ **DISAPPROVE**

COMMENTS / CONDITIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Zoning Administrator \_\_\_\_\_ Date \_\_\_\_\_

Staff Reviewer \_\_\_\_\_ Date \_\_\_\_\_

**THIS PERMIT IS VALID FOR SIX MONTHS FROM DATE OF ISSUE**



SINGLE FAMILY RESIDENTIAL DEVELOPMENT /  
SINGLE FAMILY RESIDENTIAL LOT  
EROSION AND SEDIMENT CONTROL INSTALLATION AND MAINTENANCE  
AGREEMENT

ANY LAND DISTURBING ACTIVITY LESS THAN ONE ACRE

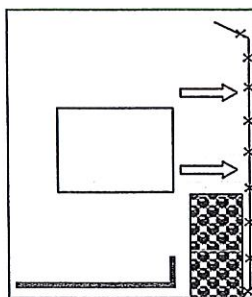
The Town of Waxhaw Erosion and Sediment Control Ordinance requires that anyone conducting land-disturbing activity control sediment and provide adequate measures to retain sediment at the disturbed site. The total disturbed area of the site includes any borrow or waste areas that are used for the residential site, if the borrow or waste areas are not currently permitted by the Town of Waxhaw or NCDEQ. Land-disturbing activities include demolition and land clearing. Erosion Control measures must be installed in accordance with the Town of Waxhaw *Engineering Design & Construction Standards Procedures Manual*. A stabilized entrance pad of filter fabric, #5 washed stone or railroad ballast shall be located where construction traffic will enter or leave the construction site onto a street. The construction entrance shall be a minimum of **20 feet long by 14 feet wide, and 6" thick**. The filter fabric shall extend the full length and width of the construction entrance. The construction entrance shall be maintained in a condition which will prevent tracking or flowing of sediment onto streets or existing pavement. This may require periodic top dressing with additional stone as conditions warrant and repair or cleanout of any measures used to trap sediment.

Any sediment spilled, dropped, washed, or tracked onto streets must be removed immediately. Any aggregate tracked into the street must be swept back onsite on a nightly basis.

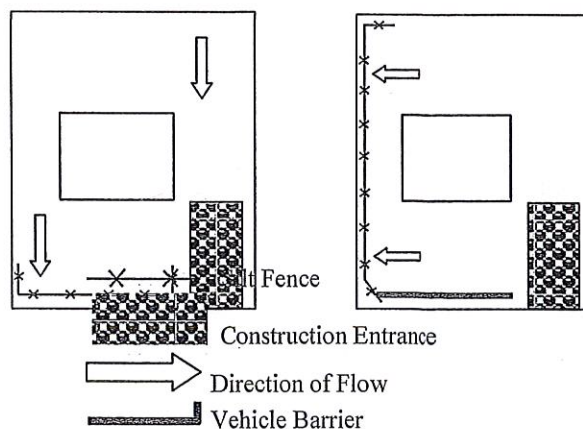
Following installation of these measures, please contact the Town of Waxhaw Permitting Office at 704-843-2195 to schedule an erosion and sedimentation control inspection prior to initiating any further construction activities. In most cases, a cure period of five days will be provided to remedy any issues identified following notice a site has failed to meet the minimum requirements. If any indicated erosion control measures are still not installed following the cure period, a follow-up and re-inspection fee of \$100 will be required.

Failure to install or maintain erosion control measures may result in penalties of up to \$5000 per day.

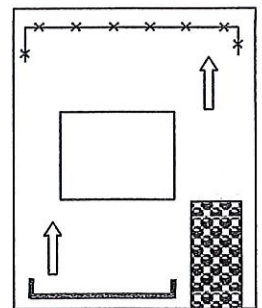
Option 1 Flow to the Right



Option 2 Flow to the Front



Option 4 Flow to the Rear



STREET ADDRESS:

SUBDIVISION:



**SINGLE FAMILY RESIDENTIAL DEVELOPMENT /  
SINGLE FAMILY RESIDENTIAL LOT  
EROSION AND SEDIMENT CONTROL INSTALLATION AND MAINTENANCE  
AGREEMENT**

ANY LAND DISTURBING ACTIVITY LESS THAN ONE ACRE

LOT NUMBER: \_\_\_\_\_

TOTAL ACREAGE: \_\_\_\_\_

TOTAL ACREAGE DISTURBED: \_\_\_\_\_

ANTICIPATED START DATE\*: \_\_\_\_\_

ESTIMATED COMPLETION DATE: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_

TAX PARCEL NUMBER: \_\_\_\_\_

**\*ALL EROSION AND SEDIMENT CONTROL MEASURES MUST BE IN PLACE PRIOR TO COMMENCING LAND DISTURBING ACTIVITIES.**

Option \_\_\_\_\_ or a combination of options \_\_\_\_\_ that **best suit this site**. Sediment control measures shall be installed as detailed. Site measures must be stand alone and cannot rely on adjacent or separate downstream controls maintained by other parties.

**Person or firm financially responsible for project:**

Printed Name: \_\_\_\_\_

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

Company Name (if applicable)  
\_\_\_\_\_

Company President (if applicable)  
\_\_\_\_\_

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

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

Email: \_\_\_\_\_

**Site Drawing**, if different from available options (Sketch of proposed site, including adjacent drainage and public right-of-way may be attached.)





Permit Nu:

Date Submitted:

**Residential Building Permit Application**  
**Town of Waxhaw 1150**  
**N. Broome Street**  
**PO Box 617**  
**Waxhaw, NC 28173**  
**704-843-2195**

**Email Completed Application to:**  
**Inspections@waxhaw.com**  
**www.waxhaw.com**

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:

No. Stories:

No. Bedrooms:

Basement Heated SF:

Basement Unheated SF:

1st Floor Heated SF:

Garage SF:

2nd Floor Heated SF:

Porches SF:

3rd Floor Heated SF:

Decks SF:

**Total Construction 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.

**Signature Field**

**Date:**



**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:



**Mechanical 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. Heat Pumps:

Nu. Gas Ovens

Nu. Gas Furnace

Nu. Gas Ranges

Nu. Gas Grills

Nu. Gas Water Heaters

Nu. Gas Logs:

Nu. Other Equipment

Total Cost of Project:

Description of Project:

Applicant Name:

Contact Nu:

Applicant Address:

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.

Signature Field

Date:





**Electrical 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. of Saw Services:

Nu. Square Feet From Building Permit:

Service Amps:

Is this a swimming pool?

Is this a pole/saw service:

Is this for low voltage?

Project Cost:

Electrical Power Company:

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.

Signature Field

Date:



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

Email Completed Application to:  
**Inspections@waxhaw.com**  
**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. Heat Pumps:

Nu. Gas Ovens

Nu. Gas Furnace

Nu. Gas Ranges

Nu. Gas Grills

Nu. Gas Water Heaters

Nu. Gas Logs:

Nu. Other Equipment

Total Cost of Project:

Description of Project:

Applicant Name:

Contact Nu:

Applicant Address:

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.

Signature Field

Date:



**Low-Voltage Electrical 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. of Saw Services:

Nu. Square Feet From Building Permit:

Service Amps:

Is this a swimming pool?

Is this a pole/saw service:

Is this for low voltage?

Project Cost:

Electrical Power Company:

Project Description:

Applicant Name:

Contact Nu:

Applicant Address:

Email:

Applicant City/St/Zip:

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Signature Field

Date: