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

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: [ ]

Rev. 6/29/2021

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

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: _____