



**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
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: