



Town of Waxhaw
Planning and Inspections Department
1150 N. Broome Street, PO Box 617
Waxhaw, NC 28173
704-843-2195
www.waxhaw.com

Date Received

Permit Fee

Permit Number

ZONING COMPLIANCE PERMIT

Date of Application: _____ Applicant Phone: _____

Applicant Name: _____

Applicant Mailing Address: _____

Applicant Email Address: _____

Type of Inspection (check one): _____ Residential _____ Commercial

Inspection Address: _____

Subdivision Name (if applicable): _____ Lot # _____

Parcel Number: _____ Zoning: _____

Setbacks (complete "Actual" row only):

	<u>Front</u>	<u>Right Side</u>	<u>Left Side</u>	<u>Rear</u>
Actual	_____	_____	_____	_____
Required (Staff Use Only)	_____	_____	_____	_____

Attach the following: One copy of a scaled final survey drawn, certified and sealed as true and correct by a surveyor registered with the State of North Carolina which affirmatively shows that the building or structure was erected in compliance with the Town of Waxhaw Zoning Ordinance and the Zoning Permit previously issued. If a required tree save area is located on the parcel in question, the final survey must include a tree survey within the required area.

***Additional Requirement for lots within the Millbridge Subdivision: A landscaping plan shall be attached to this application indicating all required landscaping and the amount of pervious yard / landscaping coverage in the front yard.*

Applicant Signature Date

Staff Use Only

Based on the information provided above, this application is:

Approved: _____ Denied: _____ Initials: _____ Date: _____

Comments: _____

Zoning Administrator Date