



Permit No:

Date Submitted:

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

Email: Inspections@waxhaw.com
Fax: (704) 843-2196
www.waxhaw.com

Contractor Name:

Contact No:

Contractor Address:

NC License No:

Contractor City/St/Zip:

Email:

Owner Name:

Contact No:

Owner Address:

Owner City/St/Zip:

Subdivision Name:

Parcel No:

Street Address:

Lot No:

No. Stories:

No. Bedrooms SF:

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 No:

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:

Signature Field

Date: