



Permit No:

Date Submitted:

Residential Plumbing 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. Bar Sinks:

No. Sewer Lines:

No. Water Closets:

No. Bidets:

No. Showers:

No. Washing Machines:

No. Dishwashers:

No. Tubs:

No. Kitchen Sinks:

No. Urinals:

Place the sum of all fixtures from the boxes above in the box below.

No. Laundry Tubs:

No. Water Heaters:

No. Lavatories:

No. Water Service Lines:

Total No. Fixtures:

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.

Applicant Signature Field

Date:

Inspector Signature Field

Date: