



DEVELOPMENT SERVICES DEPARTMENT

P.O. BOX 617
1150 NORTH BROOME STREET, WAXHAW, N.C. 28173
TELEPHONE (704) 843-2195 FAX (704) 243-3276
HOURS: MONDAY-FRIDAY 8:00 A.M. TO 5:00 P.M.

11/30/2016

Residential Building Plan submittal:

Effective January 1, 2017 all residential building plans submitted to the Town of Waxhaw for approval must be lot specific containing only the elevation and options pertaining to the lot to be improved upon.

The electronic file size of the submitted plans may not exceed 8mb.



DANIEL E. PRUSS
CHIEF BUILDING INSPECTOR

Town of Waxhaw
1150 N. Broome St., PO Box 6
Waxhaw, NC. 28173
office 704-843-2195
fax 704-243-3276
mobile 704-641-0597
email dpruss@waxhaw.com
Visit us at www.waxhaw.com



Town of Waxhaw

MEMORANDUM: Regarding Single Family Residential Permit Application Packets

Please be advised of the following changes to the submittal information effective immediately.

Physical Address: 1150 N Broome St. Waxhaw, NC 28173

Mailing Address: 1150 N Broome St. Waxhaw, NC 28173

Phone: (704)843-2195

Fax: (704) 243-3276

Email: Inspections@waxhaw.com

Hours: Monday-Friday 8:00am to 5:00pm

Inspection Hour Deadline: 4:00pm to be placed on the following business days schedules. There will be no exceptions.

Single Family Residential Permit Application Checklist

- Zoning Permit - Construction Application Form**
- Building Permit Application Form**
- Plumbing Permit Application Form**
- Mechanical Permit Application Form**
- Electrical Permit Application Form**
- 2 - Complete Sets of Construction Plans**
(3 Sets of plan for the Millbridge Subdivision)
- 2 - Copies of Site Plan**
- Copy of Town of Waxhaw Business License**



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:



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:



Permit No:

Date Submitted:

Residential Mechanical 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. Heat Pumps:

No. Gas Furnace:

No. Gas Grills:

No. Gas Logs:

No. Gas Ovens:

No. Gas Ranges:

No. Gas Water Heaters:

Project Description:

Applicant Name:

Applicant Address:

Applicant City/St/Zip:

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Signature Field

Date:

Signature Field

Date:



Permit No:

Date Submitted:

Residential Electrical 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. Saw Services:

No. Square Feet From Building Permit:

Service Amps:

Is this a swimming pool?

Is this a pole/saw service?

Who is the Electrical Power Company?

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:



**SINGLE FAMILY RESIDENTIAL DEVELOPMENT /
SINGLE FAMILY RESIDENTIAL LOT
EROSION AND SEDIMENT CONTROL INSTALLATION AND MAINTENANCE
AGREEMENT**

ANY LAND DISTURBING ACTIVITY LESS THAN ONE ACRE

STREET ADDRESS: _____
SUBDIVISION: _____
LOT NUMBER: _____
TOTAL ACREAGE: _____
TOTAL ACREAGE DISTURBED: _____
ANTICIPATED START DATE*: _____
ESTIMATED COMPLETION DATE: _____
PROPERTY OWNER: _____
TAX PARCEL NUMBER: _____

***ALL EROSION AND SEDIMENT CONTROL MEASURES MUST BE IN PLACE PRIOR TO COMMENCING LAND DISTURBING ACTIVITIES.**

Option _____ or a combination of options _____, that best suit this site. Sediment control measures will be installed as detailed.

Person or firm financially responsible for project:

Printed Name: _____ Signature: _____

Company Name (if applicable)

Company President (if applicable)

Address:

Phone Number: _____

Email: _____

Site Drawing (Sketch of proposed site, including adjacent drainage and public right-of-way. Attach separate document if needed.)



**SINGLE FAMILY RESIDENTIAL DEVELOPMENT /
SINGLE FAMILY RESIDENTIAL LOT
EROSION AND SEDIMENT CONTROL INSTALLATION AND MAINTENANCE
AGREEMENT**

ANY LAND DISTURBING ACTIVITY LESS THAN ONE ACRE

The Town of Waxhaw Erosion and Sediment Control Ordinance requires that anyone conducting land-disturbing activity control sediment and provide adequate measures to retain sediment at the disturbed site. The total disturbed area of the site includes any borrow or waste areas that are used for the residential site, if the borrow or waste areas are not currently permitted by the Town of Waxhaw or NCDEQ. Land-disturbing activities include demolition and land clearing. Erosion Control measures must be installed in accordance with the Town of Waxhaw Engineering, Standards and Procedures Manual.

Failure to install or maintain erosion control measures may result in penalties of up to \$5000 per day.

If any indicated Erosion and Sedimentation Control (ESC) measures are not installed, a re-inspection fee will be required.

