



**Town of Waxhaw**  
**Development Services Department**  
 1150 N. Broome Street, PO Box 617  
 Waxhaw, NC 28173  
 704-843-2195 (Phone)  
 704-243-3276 (Fax)  
 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):

	Front	Right Side	Left Side	Rear
<b>Actual</b>	_____	_____	_____	_____
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