



Permit Nu:

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](mailto:Inspections@waxhaw.com)  
Fax: (704) 243-3276  
[www.waxhaw.com](http://www.waxhaw.com)

Contractor Name:

Contact Nu:

Contractor Address:

NC License Nu:

Contractor City/St/Zip:

Email:

Owner Name:

Contact Nu:

Owner Address:

Owner City/St/Zip:

Subdivision Name:

Parcel Nu:

Street Address:

Lot Nu:

Nu. Stories:

Nu. Bedrooms SF:

Basement Heated SF:

Basement Unheated SF:

1<sup>st</sup> Floor Heated SF:

Garage SF:

2<sup>nd</sup> Floor Heated SF:

Porches SF:

3<sup>rd</sup> Floor Heated SF:

Decks SF:

Total Construction Cost:

Project Description:

Applicant Name:

Contact Nu:

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: