



Permit Nu:

Date Submitted:

Non-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) 243-3276
www.waxhaw.com

Contractor Name:
Contractor Address:
Contractor City/St/Zip:

Contact Nu:
NC License Nu:
Email:

Owner Name:
Owner Address:
Owner City/St/Zip:

Contact Nu:

Subdivision Name:
Street Address:

Parcel Nu:
Lot Nu:

Nu. of Saw Services:
Service Amps:
Is this a pole/saw service:

Nu. Square Feet From Building Permit:
Is this a swimming pool?
Is this for low voltage?

Who is the Electrical Power Company?

Project Description and Cost:

Applicant Name:
Applicant Address:
Applicant City/St/Zip:

Contact Nu:
Email:

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: