



Permit Nu:

Date Submitted:

Non-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) 243-3276
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. of Bar Sinks:

Nu. of Laundry Tubs:

Nu. of Water Heaters:

Nu. of Bidets:

Nu. of Showers:

Nu. of Water Service Lines:

Nu. of Dishwashers:

Nu. of Tubs:

Nu. of Water Closets:

Nu. of Kitchen Sinks:

Nu. of Urinals:

Nu. of Floor Drains:

Nu. of Lavatories:

Nu. of Sewer Lines:

Nu. of Other Fixtures:

Place the sum of all fixtures from the boxes above in the box to the right:

Project Description and Cost:

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: