



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.

MEMORANDUM

From: Dan Pruss, Chief Building Inspector
Date: 11/30/2016
Re: 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.



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

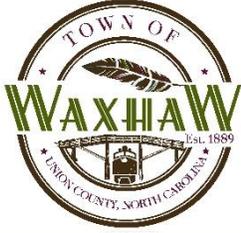
Hours: Monday-Friday 8:00am to 5:00pm

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**
 - MUST INCLUDE ALL PROPOSED SETBACKS & TOTAL LOT COVERAGE %**
- BUILDING PERMIT APPLICATION FORM**
- PLUMBING PERMIT APPLICATION FORM**
- MECHANICAL PERMIT APPLICATION FORM**
- ELECTRICAL PERMIT APPLICATION FORM**
- 1 COMPLETE SET OF CONSTRUCTION PLANS**
- 1 COPY OF SITE PLAN**
- EROSION & SEDIMENT CONTROL AGREEMENT**
- LIEN AGENT PAPER**



**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

Inspections requests: Inspections@waxhaw.com

Date Received

Permit Fee

Permit
Number

ZONING CONSTRUCTION PERMIT

Date of Application: _____

Applicant Name: _____ Telephone: _____

Applicant Mailing Address: _____

Property Owner Name: _____ Telephone: _____

Property Owner Mailing Address: _____

Type of Construction (check one):

- New Structure
- Accessory Structure
- Addition
- Other (specify) _____

Address/Location of Property: _____

Subdivision Name (if applicable): _____ Lot No. _____

Parcel Number: _____ Zoning: _____

Flood Plain on property: (check one) No Yes**  Floodplain Development / Zoning Construction Permit must be used!

Lot Size: _____

It is the applicant's responsibility to secure documentation of the availability options below:

Is public water available on site? No Yes Is well water? No Yes

Is public sewer available on site? No Yes Is septic? No Yes

Is there the required access to a Town street? No Yes (then proceed)

Is access maintained through an NCDOT street? No Yes (NCDOT permit required)

APPLICANT IS TO COMPLETE 'PROPOSED' COLUMN ONLY

	<u>REQUIRED</u>	<u>PROPOSED</u>
Front Setback	_____ ft	_____ ft
Rear Setback	_____ ft	_____ ft
Side Yard Left	_____ ft	_____ ft
Side Yard Right	_____ ft	_____ ft
Building Height (Max.)	_____ ft	_____ ft
Lot Coverage of Structures (Max.)	_____ %	_____ %

Accessory Structure Setbacks: Front: _____ Rear: _____ Left: _____ Right: _____



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
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 Stories:

Nu. of Bedrooms:

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 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:



Permit Nu:

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) 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. Bar Sinks:

Nu. Sewer Lines:

Nu. Water Closets:

Nu. Bidets:

Nu. Showers:

Nu. Washing Machines:

Nu. Dishwashers:

Nu. Tubs:

Nu. Kitchen Sinks:

Nu. Urinals:

Place the sum of all fixtures from the boxes above in the box below.

Nu. Laundry Tubs:

Nu. Water Heaters:



Nu. Lavatories:

Nu. Water Service Lines:

Total Nu. Fixtures:

Project Description & Cost:

Applicant Name:

Contact Nu:

Applicant Address:

Email:

Applicant City/St/Zip:

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Applicant Signature Field

Date:



Permit Nu:

Date Submitted:

Residential Mechanical Permit Application
Town of Waxhaw
1150 N. Broome Street
P.O. 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. Heat Pumps:

Nu. Gas Furnace:

Project Cost:

Nu. Gas Grills:

Nu. Gas Logs:

Nu. Gas Ovens:

Nu. Gas Ranges:

Nu. Gas Water Heaters:

Project Description:

Applicant Name:

Contact Nu:

Applicant Address:

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 Nu:

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) 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. Saw Services:

Nu. Square Feet From Building Permit:

Service Amps:

Project Cost:

Is this a swimming pool?

Is this a pole/saw service?

Who is the Electrical Power Company?

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:



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

ANY LAND DISTURBING ACTIVITY LESS THAN ONE ACRE

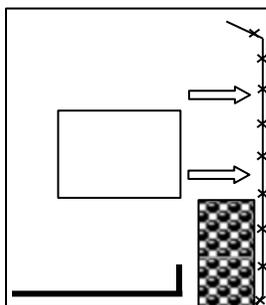
The Town of Waxhaw Erosion and Sediment Control Ordinance requires that anyone conducting land-disturbing activity control sediment and provide adequate measures to retain sediment at the disturbed site. The total disturbed area of the site includes any borrow or waste areas that are used for the residential 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 Design & Construction Standards Procedures Manual*. A stabilized entrance pad of filter fabric, **#5 washed stone or railroad ballast** shall be located where construction traffic will enter or leave the construction site onto a street. The construction entrance shall be a minimum of **20 feet long by 14 feet wide, and 6” thick**. The filter fabric shall extend the full length and width of the construction entrance. The construction entrance shall be maintained in a condition which will prevent tracking or flowing of sediment onto streets or existing pavement. This may require periodic top dressing with additional stone as conditions warrant and repair or cleanout of any measures used to trap sediment.

Any sediment spilled, dropped, washed, or tracked onto streets must be removed immediately. Any aggregate tracked into the street must be swept back onsite on a nightly basis.

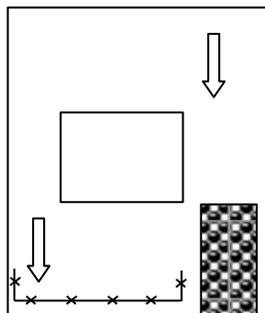
Following installation of these measures, please contact the Town of Waxhaw Permitting Office at 704-843-2195 to schedule an erosion and sedimentation control inspection prior to initiating any further construction activities. In most cases, a cure period of five days will be provided to remedy any issues identified following notice a site has failed to meet the minimum requirements. If any indicated erosion control measures are still not installed following the cure period, a follow-up and re-inspection fee of \$100 will be required.

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

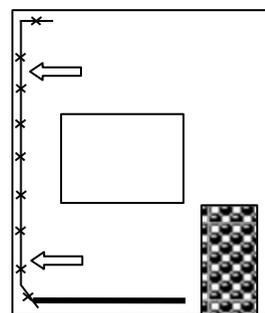
Option 1 Flow to the Right



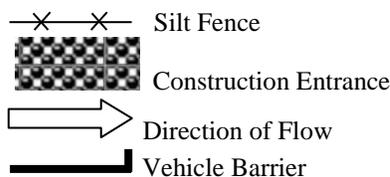
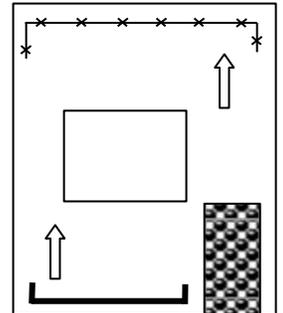
Option 2 Flow to the Front



Option 3 Flow to the Left



Option 4 Flow to the Rear





**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 shall be installed as detailed. Site measures must be stand alone and cannot rely on adjacent or separate downstream controls maintained by other parties.

Person or firm financially responsible for project:

Printed Name: _____

Signature: _____

Company Name (if applicable)

Company President (if applicable)

Address:

Phone Number: _____

Email: _____

Site Drawing, if different from available options (Sketch of proposed site, including adjacent drainage and public right-of-way may be attached.)