



**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](mailto:Inspections@waxhaw.com)

Date Received

Permit Fee

Permit  
Number

**ZONING CONSTRUCTION PERMIT**

Date of Application: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

Applicant Email 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**

	<b><u>REQUIRED</u></b>	<b><u>PROPOSED</u></b>
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: \_\_\_\_\_

**ATTACHMENTS**

**In order to be considered complete, the following must accompany each application:**

1. Application fee (cash or check made payable to the Town of Waxhaw).
2. A scaled dimensional survey drawn by and certified as true and correct by a surveyor or engineer registered with the State of North Carolina which shows (a) the exact shape, dimensions and location of the lot to be built upon, and (b) the exact shape, dimensions, use and location of existing structures on the lot. Upon this survey shall be sketched the following: (a) the exact shape, dimensions and area of proposed location of the proposed structure(s) to be placed upon the lot; (b) all setback lines on the lot once the proposed residence is completed, affirmatively showing that the area of proposed location will meet all setback requirements; and (c) any other information that may be needed to insure that the proposed structure is in compliance with all applicable provisions of this Ordinance.

**CERTIFICATIONS**

1. I hereby certify that all of the information provided for this application is, to the best of my knowledge, accurate and complete, and that the structure(s) in question are being served at this time by an approved water and sewer system.

(Signature of Applicant)

(Date)

\_\_\_\_\_

\_\_\_\_\_

2. I, \_\_\_\_\_, Owner of Property \_\_\_\_\_  
(Signature of Property Owner) (Date)

3. This application is accepted, and to the best of my knowledge, deemed to be complete.

**THE FOLLOWING SHALL BE FILLED OUT BY THE ZONING ADMINISTRATOR**

Based on the information hereby furnished to me, and my knowledge of the Waxhaw Unified Development Ordinance, **I HEREBY:**

**APPROVE**

**DISAPPROVE**

COMMENTS / CONDITIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Zoning Administrator \_\_\_\_\_ Date \_\_\_\_\_

Staff Reviewer \_\_\_\_\_ Date \_\_\_\_\_

**THIS PERMIT IS VALID FOR SIX MONTHS FROM DATE OF ISSUE**