



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

Date Received

Permit Fee

Permit Number

ZONING USE PERMIT

Date of Application: _____

Applicant Name: _____ Telephone: _____

Applicant Mailing Address: _____

Applicant Email Address: _____

Property Owner Name: _____ Telephone: _____

Property Owner Mailing Address: _____

Relationship of Applicant to Property Owner: _____

- New Use
- Change of Principal Use

Address/Location of Property: _____

Location of Proposed Use (check appropriate box):

- Tenant Space
- Other _____

Parcel No: _____ Zoning: _____

Business/Company Name: _____

Type of Business: _____

Business Description: _____

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

1. Application fee paid in full must be received prior to the issuance of a Zoning Use permit (checks should be made payable to the Town of Waxhaw).
2. A detailed description of the operation or business shall be included under "Type of Proposed Use" and any other information that may be needed to ensure that the proposed use 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.

(Signature of Applicant) (Date)

If the applicant is not the property owner, please complete the following:

2. I do hereby authorize above applicant to submit this Zoning Use permit application to the Zoning Administrator on my behalf.

(Signature of Property Owner) (Date)

The following shall be completed 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: _____

(Staff Reviewer) (Date)

(Zoning Administrator) (Date)