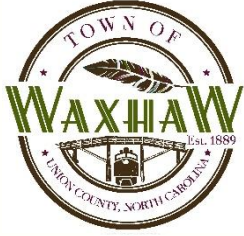


SINGLE FAMILY RESIDENTIAL PERMIT APPLICATION CHECKLIST

- _____ Zoning Permit – Construction Application Form
Must include all proposed setbacks & TOTAL lot coverage %.
Must include survey/plot plan with property lines and structures on site.
- _____ Erosion & Sedimentation Control Agreement
- _____ Building Permit Application Form
- _____ Plumbing Permit Application Form
- _____ Mechanical Permit Application Form
(Gas Logs-Require an additional Mech. Permit)
- _____ Electrical Permit Application Form
(Low Voltage-Requires an additional Elec. Permit)
- _____ 1 Complete Set of Construction Plans **(Electronic Plans Only)**
- _____ Lien Agent (<https://apps.liensnc.com/scr/login.html>)
- _____ Verification from Union County Public Works that all water and sewer system development fees have been paid. (If Applicable).
- _____ Septic System – Approved Construction Authorization from Union County Environmental Health. (If Applicable).
- _____ Water Well-Approved. Well Permit from Union County Environmental Health. (If Applicable).

Submit all documentation to: inspections@waxhaw.com for processing. Please allow 3-5 business days.

Inspection requests can be scheduled by e-mail at inspections@waxhaw.com or by telephone 704.843.2195 every day before 4pm; if after 4pm; your request will be scheduled for the next business day. If an inspection should fail, there is a re-inspection fee of \$100.00 that will need to be paid before rescheduling.



Town of Waxhaw
Development Services Department
 PO Box 6
 Waxhaw, NC 28173
 704-843-2195 (Phone)
 704-243-3276 (Fax)
 www.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 Addition
 Accessory Structure 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: _____



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.

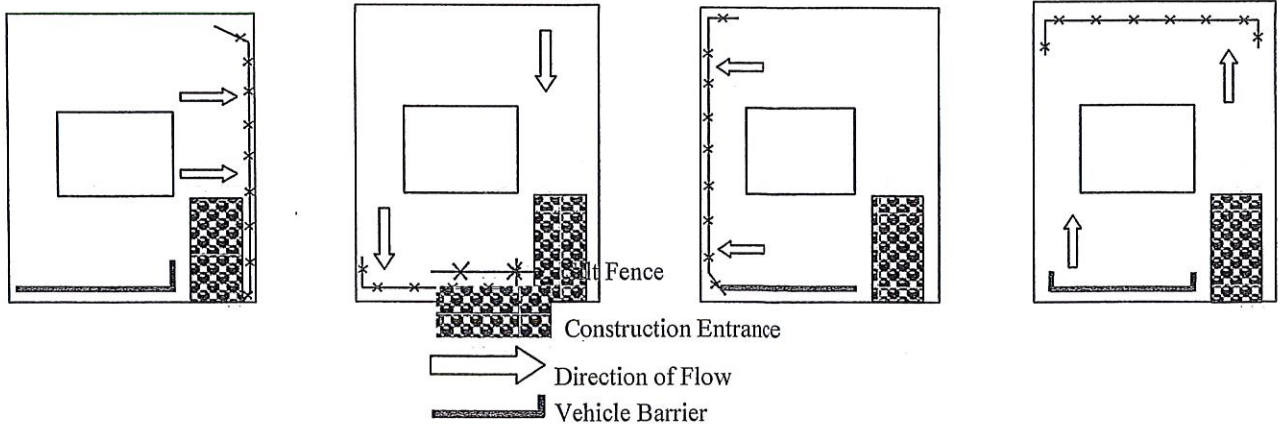
Failure to install or maintain erosion control measures may result in penalties of up to \$5000 per day.

Option 1 Flow to the Right

Option 2 Flow to the Front

Option 3 Flow to the Left

Option 4 Flow to the Rear



STREET ADDRESS:

SUBDIVISION:



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

ANY LAND DISTURBING ACTIVITY LESS THAN ONE ACRE

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 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.)



Permit Nu:

Date Submitted:

Residential Building Permit Application
Town of Waxhaw
PO Box 6
Waxhaw, NC 28173

Email Completed Application to:
Inspections@waxhaw.com
www.waxhaw.com

704-843-2195

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:

No. Stories:

No. 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:



Plumbing Permit Application
Town of Waxhaw
 P.O. Box 6
 Waxhaw, NC 28173
 704-843-2195

Email Completed Application to:
Inspections@waxhaw.com
www.waxhaw.com

Permit Nu:

Date Submitted:

Residential Project:

Commercial Project:

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:

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

Nu. Kitchen Sinks:

Nu. Urinals:

Total Nu. Fixtures:

Nu. Laundry Tubs:

Nu. Water Heaters:



Nu. Lavatories:

Nu. Water Service Lines:

Project 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.

Applicant Signature Field:

Date:



Mechanical Permit Application

Town of Waxhaw
P.O. Box 6
Waxhaw, NC 28173

704-843-2195

Email Completed Application to:
Inspections@waxhaw.com
www.waxhaw.com

Permit Nu: [input box]

Date Submitted: [input box]

Residential Project: [checkbox]

Commercial Project: [checkbox]

Contractor Name: [input box]

Contact Nu.: [input box]

Contractor Address: [input box]

NC License Nu: [input box]

Contractor City/St/Zip: [input box]

Email: [input box]

Owner Name: [input box]

Contact Nu: [input box]

Owner Address: [input box]

Owner City/St/Zip: [input box]

Subdivision Name: [input box]

Parcel Nu.: [input box]

Street Address: [input box]

Lot Nu: [input box]

Nu. Heat Pumps: [input box]

Nu. Gas Ovens [input box]

Nu. Gas Furnace [input box]

Nu. Gas Ranges [input box]

Nu. Gas Grills [input box]

Nu. Gas Water Heaters [input box]

Nu. Gas Logs: [input box]

Nu. Other Equipment [input box]

Total Cost of Project: [input box]

Description of Project: [input box]

Applicant Name: [input box]

Contact Nu: [input box]

Applicant Address: [input box]

Applicant City/St/Zip: [input box]

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 [input box]

Date: [input box]



Electrical Permit Application
Town of Waxhaw
 P.O. Box 6
 Waxhaw, NC 28173
 704-843-2195

Email Completed Application to:
Inspections@waxhaw.com
 www.waxhaw.com

Permit Nu:

Date Submitted:

Residential Project:

Commercial Project:

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 Saw Services:

Nu. Square Feet From Building Permit:

Service Amps:

Is this a swimming pool?

Is this a pole/saw service:

Is this for low voltage?

Project Cost:

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:



Mechanical Permit Application-Fireplace
Town of Waxhaw
PO Box 6
Waxhaw, NC 28173

Email Completed Application to:
Inspections@waxhaw.com
www.waxhaw.com

Permit Nu:

704-843-2195

Date Submitted:

Residential Project:

Commercial Project:

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 Ovens

Nu. Gas Furnace

Nu. Gas Ranges

Nu. Gas Grills

Nu. Gas Water Heaters

Nu. Gas Logs:

Nu. Other Equipment

Total Cost of Project:

Description of Project:

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:



**Low-Voltage Electrical Permit Application Town
of Waxhaw
P.O. Box 6
Waxhaw, NC 28173
704-843-2195**

**Email Completed Application to:
Inspections@waxhaw.com
www.waxhaw.com**

Permit Nu:

Date Submitted:

Residential Project:

Commercial Project:

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 Saw Services:

Nu. Square Feet From Building Permit:

Service Amps:

Is this a swimming pool?

Is this a pole/saw service:

Is this for low voltage?

Project Cost:

Electrical Power Company:

Project Description:

Applicant Name:

Contact Nu:

Applicant Address:

Email:

Applicant City/St/Zip:

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Signature Field

Date: