

Permit Nu:			Date Submitted:	
		uilding Permit Application		
		of Waxhaw		
		PO Box 6		
		naw, NC 28173		ed Application to:
	70	)4-843-2195	Inspections@wa	
			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:	Type of Constr	ruction:	Occupancy Group	:
Is this a mixed occupancy? If ye	es list the occupancies.			
Building Area Per Floor SF:	Total Pr	roject Cost:		
Project Description:				
Applicant Name:		Contact	Nur	
Applicant Address:		Email:		
Applicant City/St/Zip:				
By signing the signature block belot the best of knowledge and belief is and ordinances and that failure to	is correct. I further attest that the	e permit holder will comply wit	h all applicable state	and local laws, rules
Signature Field		Date:		