



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

BURN PERMIT

Date of Application: _____

Applicant Name: _____ Telephone #: _____

Applicant Address: _____

Property Owner: _____ Telephone #: _____

Property Owner Address: _____

Address of Property where burning will occur: _____

Parcel #: _____ Zoning: _____

Age of Structure (Only applicable if building is to be burned): _____

Type of material to be burned: _____

Distance from burn to nearest adjacent structures (in feet): _____

**A plot plan must be attached depicting location of burn & all nearest structures. Please include location, size & species of trees greater than 24" in diameter.*

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/Property Owner

Date

PERMIT EXPIRES 365 DAYS FROM DATE OF ISSUANCE.

THE FOLLOWING SHALL BE FILLED OUT BY ZONING ADMINISTRATOR

Staff consult with Fire Department _____ Union County Arborist _____

Approved: _____ Denied: _____ Initials: _____ Date: _____

Zoning Administrator

Date

Staff Reviewer

Date