Plumbing Permit Application

Town of Waxhaw

Building Inspection Department

316 N. Church St. \* PO Box 617 \* Waxhaw, NC 28173 \* Ph: 704.843.2195 \* Fax: 704.243.3276

www.waxhaw.com

|                                  |                        | Contractor         | Information        |       |          |
|----------------------------------|------------------------|--------------------|--------------------|-------|----------|
| Name:                            |                        |                    | Contact No:        |       |          |
| Add:                             |                        |                    | Fax No:            |       |          |
| C/S/Z:                           |                        |                    | License No:        |       |          |
| Email:                           |                        |                    |                    |       |          |
|                                  |                        |                    |                    |       |          |
|                                  |                        |                    |                    |       |          |
|                                  |                        |                    | nformation         |       |          |
| Name:                            |                        |                    | Contact No:        |       |          |
| Add:                             |                        |                    |                    |       |          |
| C/S/Z:                           |                        |                    |                    |       |          |
|                                  |                        |                    |                    |       |          |
|                                  |                        | Project I          | nformation         |       |          |
| Subdivision:                     |                        | Parcel #:          |                    | Lot # |          |
| Section/Phase #:                 |                        | Land Area:         |                    | Add:  |          |
| City:                            |                        | St:                |                    | Zip:  |          |
| -                                |                        |                    |                    | ·     |          |
|                                  |                        | L                  | <u> </u>           | L     |          |
| <u>'</u>                         |                        |                    |                    |       |          |
|                                  |                        | Project I          | Description        |       |          |
| Water Heaters:                   | er Heaters: Bar Sinks: |                    | Water Closets:     |       | Bidets:  |
| Sewer Lines: Kitchen S           |                        |                    |                    |       | Urinals: |
| Water Lines:                     |                        |                    | Tubs:              |       |          |
| Laundry Tubs: Washing Mac        |                        | Machines:          | Showers:           |       |          |
|                                  |                        |                    |                    |       |          |
|                                  |                        | Totals # Fixtures: |                    |       |          |
|                                  |                        |                    | Totals # Fixtures. |       |          |
|                                  |                        |                    |                    |       |          |
|                                  |                        | Applicant          | Information        |       |          |
| Print Name:                      |                        |                    | Ph:                |       |          |
| Add:                             |                        |                    | Fax:               |       |          |
| C/S/Z:                           |                        |                    |                    |       |          |
| Email:                           |                        |                    |                    |       |          |
| Signed:                          |                        |                    |                    |       |          |
|                                  |                        |                    |                    |       |          |
|                                  |                        |                    |                    |       |          |
|                                  |                        |                    | Use Only           |       |          |
| Method of Payment:  Check - Cash |                        |                    |                    |       |          |
|                                  |                        |                    |                    |       |          |
| Approved/Denied By:              |                        | Date:              |                    |       |          |

Revised: 02.01.2011