Town of Waxhaw Planning and Inspections Department
4218 Waxhaw Marvin Rd, PO Box 6 Waxhaw, NC 28173
704-843-2195 (Phone) • 704-243-3276 (Fax)
www.waxhaw.com

ZONING USE PERMIT

Date Received _____ Permit Fee _____ Permit Case Number _____

Permitting procedures are outlined in Section 3.1.1 of the Land Development Code.

Applicant Name	Phone Number	Mailing Address
Email Address		
Business Name	Business Address	***Parcel Number***
Description of Business	Home Business? ☐ Yes ☐ No	***Current Zoning***

APPLICANT SIGNATURE

I hereby certify that all of the information provided for this application is, to the best of my knowledge, accurate and complete.

X _____

Are you the property owner?

☐ ***Yes (STOP HERE)*** ☐ ***No (Property Owner Completes Below)***

Property Owner Name	Phone Number	Mailing Address

PROPERTY OWNER SIGNATURE

I hereby certify that all of the information provided for this application is, to the best of my knowledge, accurate and complete.

X _____

The Following Shall be Completed by the Zoning Administrator:
Based on the information provided by the applicant, and to my knowledge of the Waxhaw Land Development Code, I HEARBY:

☐ Approve ☐ Disapprove

Comments/ Conditions:

_____

_____

Zoning Administrator Signature: _____ Date: _____

Section B - Building Inspector to Complete

Current Classification or Previous Classification: _____

Proposed Classification: _____

Is this a "Change of Use": Yes ☐ No ☐
Is a building permit required: Yes ☐ No ☐

Chief Building Inspector Signature: _____ Date: _____

☐ Approve ☐ Disapprove

Comments/ Conditions:

_____

_____

Section C - Fire Marshal to Complete

Is a fire inspection required: Yes ☐ No ☐

Fire Marshal Signature: _____ Date: _____

☐ Approve ☐ Disapprove

Comments/ Conditions:

_____

_____

If building permit or walk through inspection is indicated, no additional action may be taken until those items are completed.