General Commercial Project Guidelines

1. All plans must be uploaded electronically at the time of permit submission. (PDF files or Dropbox Links accepted).

2. 2018 Building Code Summary Form

3. Plumbing, Mechanical, and Electrical Permits

Must be submitted as a package with Building Permit - Based upon scope of work).

4. Zoning/Building Construction Permit must be uploaded as part of your submission **(Change of Use Excluded)**

(Click link for form): Zoning/Building Construction Form

5. Lien Agent and Certificate of Workman's Compensation must be uploaded at the time of permit submission.

6. License number(s) for all trades must be included in the "Description" area of the Permit forms.

7. Union County Tap Fees (Note: You are required to contact Union County Public Works to pay all meter fees prior to submitting permits. Proof of payment is required to be uploaded with permit submission.) Pay My Bill | Union County, NC - Water 704-296-4210

Planning and Inspections Department **Zoning Permit Fee:**
Building & Zoning Construction Permit **Building Permit Fee:**
Confirm work with HOA prior to permit submittal

Application Date Zoning Permit # Building Permit #

Applicant Name: Address:

Applicant Phone: Applicant Email Address:

Owner Name: Address:

Owner Phone: Owner Email Address:

Location of Property: Subdivision:

Parcel# Lot# Lot size:

Contractor Name: Contractor Phone: NC License #

Contractor Address: Contractor Email Address:

Type of Construction: New Building, Accessory Structure, Accessory Dwelling, Pool, Commercial, Interior Upfit, Other **(Circle all that apply) Note: Interior Upfits do not require a survey.**

No. Stories: No. Bedrooms: Basement Heated SF: Basement Unheated SF:

1st floor heated SF: 2nd floor heated SF 3rd floor heated SF: Garage SF:

Porch SF: Deck SF: Pool Size: Accessory Structure Size

Commercial Type: Mixed Occupancy (list occupancies)

Building Area Per Floor SF: Total Construction/Project Cost:

Project Description:

Flood Plain on property: No ☐ **Yes ** ☐ ** If Yes is checked a Floodplain Development and Zoning Construction Permit must be used!**

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 ☐**

Have you contacted your HOA regarding work? No ☐ Yes ☐

APPLICANT TO COMPLETE PROPOSED SETBACKS IN FEET BELOW. INCOMPLETE APPLICATIONS WILL BE RETURNED AND MAY RESULT IN DELAYS TO THE PERMITTING PROCESS.

Front Setback: Rear Setback Side Yard Left: Side Yard Right:

Building Height: Lot Coverage:

ATTACHMENTS

To be considered complete, the following must accompany each application:

A scaled dimensional survey drawn by and certified as true and correct by a surveyor or engineer registered with the State of North Carolina which shows (a) the exact shape, dimensions and location of the lot to be built upon, and (b) the exact shape, dimensions, use and location of existing structures on the lot. Upon this survey shall be sketched the following: (a) the exact shape, dimensions and area of proposed location of the proposed structure(s) to be placed upon the lot; (b) all setback lines on the lot once the proposed residence is completed, affirmatively showing that the area of proposed location will meet all setback requirements; and (c) any other information that may be needed to insure that the proposed structure is in compliance with all applicable provisions of this Ordinance.

CERTIFICATIONS

I hereby certify that all the information provided for this application is, to the best of my knowledge, accurate and complete, and that the structure(s) in question are being served at this time by an approved water and sewer system.

(Signature of Applicant) (Date)

1. I,_____, Owner of Property _____
(Signature of Property Owner) (Date)

2. This application is accepted, and to the best of my knowledge, deemed to be complete.

THE FOLLOWING SHALL BE FILLED OUT BY THE ZONING ADMINISTRATOR

Based on the information hereby furnished to me, and my knowledge of the Waxhaw Land Development Code I HEREBY:

☐ APPROVE

☐ DISAPPROVE

COMMENTS / CONDITIONS

Zoning Administrator_____ Date _____

THIS PERMIT IS VALID FOR SIX MONTHS FROM DATE OF ISSUE

2018
BUILDING CODE SUMMARY FOR ALL COMMERCIAL PROJECTS
(EXCEPT 1 AND 2-FAMILY DWELLINGS AND TOWNHOUSES)

(Reproduce the following data on the building plans sheet 1 or 2)

Name of Project: _____

Address: _____ Zip Code _____

Owner/Authorized Agent: _____ Phone # (_____) _____ - _____ E-Mail _____

Owned By: ☐ City/County ☐ Private ☐ State

Code Enforcement Jurisdiction: ☐ City_____ ☐ County_____ ☐ State

---

CONTACT: _____

DESIGNER	FIRM	NAME	LICENSE #	TELEPHONE #	E-MAIL
Architectural				(___)_____	
Civil				(___)_____	
Electrical				(___)_____	
Fire Alarm				(___)_____	
Plumbing				(___)_____	
Mechanical				(___)_____	
Sprinkler-Standpipe				(___)_____	
Structural				(___)_____	
Retaining Walls >5' High				(___)_____	
Other				(___)_____	

("Other" should include firms and individuals such as truss, precast, pre-engineered, interior designers, etc.)

2018 NC BUILDING CODE: ☐ New Building ☐ Addition ☐ Renovation

☐ 1st Time Interior Completion

☐ Shell/Core - Contact the local inspection jurisdiction for possible additional procedures and requirements

☐ Phased Construction - Shell/Core- Contact the local inspection jurisdiction for possible additional procedures and requirements

2018 NC EXISTING BUILDING CODE: EXISTING: ☐ Prescriptive ☐ Repair ☐ Chapter 14

Alteration: ☐ Level I ☐ Level II ☐ Level III

☐ Historic Property ☐ Change of Use

CONSTRUCTED: (date) _____ **CURRENT OCCUPANCY(S)** (Ch. 3)**:** _____

RENOVATED: (date) _____ **PROPOSED OCCUPANCY(S)** (Ch. 3)**:** _____

RISK CATEGORY (Table 1604.5): **Current:** ☐ I ☐ II ☐ III ☐ IV

Proposed: ☐ I ☐ II ☐ III ☐ IV

BASIC BUILDING DATA

Construction Type: ☐ I-A ☐ II-A ☐ III-A ☐ IV ☐ V-A

(check all that apply) ☐ I-B ☐ II-B ☐ III-B ☐ V-B

Sprinklers: ☐ No ☐ Partial ☐ Yes ☐ NFPA 13 ☐ NFPA 13R ☐ NFPA 13D

Standpipes: ☐ No ☐ Yes Class ☐ I ☐ II ☐ III ☐ Wet ☐ Dry

Fire District: ☐ No ☐ Yes **Flood Hazard Area:** ☐ No ☐ Yes

Special Inspections Required: ☐ No ☐ Yes (Contact the local inspection jurisdiction for additional procedures and requirements.)

Gross Building Area Table

FLOOR	EXISTING (SQ FT)	NEW (SQ FT)	SUB-TOTAL
3rd Floor			
2nd Floor			
Mezzanine			
1st Floor			
Basement			
TOTAL			

ALLOWABLE AREA

Primary Occupancy Classification(s):

Assembly ☐ A-1 ☐ A-2 ☐ A-3 ☐ A-4 ☐ A-5
Business ☐
Educational ☐
Factory ☐ F-1 Moderate ☐ F-2 Low
Hazardous ☐ H-1 Detonate ☐ H-2 Deflagrate ☐ H-3 Combust ☐ H-4 Health ☐ H-5 HPM
Institutional ☐ I-1 Condition ☐ 1 ☐ 2
☐ I-2 Condition ☐ 1 ☐ 2
☐ I-3 Condition ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
☐ I-4
Mercantile ☐
Residential ☐ R-1 ☐ R-2 ☐ R-3 ☐ R-4
Storage ☐ S-1 Moderate ☐ S-2 Low ☐ High-piled
☐ Parking Garage ☐ Open ☐ Enclosed ☐ Repair Garage
Utility and Miscellaneous ☐

Accessory Occupancy Classification(s): _____

Incidental Uses (Table 509): _____

Special Uses (Chapter 4 – List Code Sections): _____

Special Provisions: (Chapter 5 – List Code Sections): _____

Mixed Occupancy: ☐ No ☐ Yes Separation: _____ Hr. Exception: _____

☐ Non-Separated Use (508.3) - The required type of construction for the building shall be determined by applying the height and area limitations for each of the applicable occupancies to the entire building. The most restrictive type of construction, so determined, shall apply to the entire building.

☐ Separated Use (508.4) - See below for area calculations for each story, the area of the occupancy shall be such that the sum of the ratios of the actual floor area of each use divided by the allowable floor area for each use shall not exceed 1.

$$\frac{\textit{Actual Area of Occupancy A}}{\textit{Allowable Area of Occupancy A}} + \frac{\textit{Actual Area of Occupancy B}}{\textit{Allowable Area of Occupancy B}} \leq 1$$

_____ + _____ + …… = _____ ≤ 1.00

STORY NO.	DESCRIPTION AND USE	(A) BLDG AREA PER STORY (ACTUAL)	(B) TABLE 506.2[4] AREA	(C) AREA FOR FRONTAGE INCREASE[1,5]	(D) ALLOWABLE AREA PER STORY OR UNLIMITED[2,3]

[1] Frontage area increases from Section 506.3 are computed thus:

a. Perimeter which fronts a public way or open space having 20 feet minimum width = _____ (F)
b. Total Building Perimeter = _____ (P)
c. Ratio (F/P) = _____ (F/P)
d. W = Minimum width of public way = _____ (W)
e. Percent of frontage increase I_f = 100[F/P – 0.25] x W/30 = _____ (%)

[2] Unlimited area applicable under conditions of Section 507.

[3] Maximum Building Area = total number of stories in the building x D (maximum3 stories) (506.2).

[4] The maximum area of open parking garages must comply with Table 406.5.4.

[5] Frontage increase is based on the unsprinklered area value in Table 506.2.

ALLOWABLE HEIGHT

	ALLOWABLE	SHOWN ON PLANS	CODE REFERENCE [1]
Building Height in Feet (Table 504.3) [2]			
Building Height in Stories (Table 504.4) [3]			

[1] Provide code reference if the "Shown on Plans" quantity is not based on Table 504.3 or 504.4.

[2] The maximum height of air traffic control towers must comply with Table 412.3.1.

[3] The maximum height of open parking garages must comply with Table 406.5.4.

FIRE PROTECTION REQUIREMENTS

BUILDING ELEMENT	FIRE SEPARATION DISTANCE (FEET)	RATING		DETAIL # AND SHEET #	DESIGN # FOR RATED ASSEMBLY	SHEET # FOR RATED PENETRATION	SHEET # FOR RATED JOINTS
		REQ'D	PROVIDED (W/_____* REDUCTION)				
Structural Frame, including columns, girders, trusses							
Bearing Walls							
Exterior							
North							
East							
West							
South							
Interior							
Nonbearing Walls and Partitions Exterior walls							
North							
East							
West							
South							
Interior walls and partitions							
Floor Construction Including supporting beams and joists							
Floor Ceiling Assembly							
Columns Supporting Floors							
Roof Construction, including supporting beams and joists							
Roof Ceiling Assembly							
Columns Supporting Roof							
Shaft Enclosures - Exit							
Shaft Enclosures - Other							
Corridor Separation							
Occupancy/Fire Barrier Separation							
Party/Fire Wall Separation							
Smoke Barrier Separation							
Smoke Partition							
Tenant/Dwelling Unit/ Sleeping Unit Separation							
Incidental Use Separation							

* Indicate section number permitting reduction

PERCENTAGE OF WALL OPENING CALCULATIONS

Fire Separation Distance (Feet) from Property lines	Degree of openings Protection (Table 705.8)	Allowable area (%)	Actual shown on plans (%)

LIFE SAFETY SYSTEM REQUIREMENTS

Emergency Lighting: ☐ No ☐ Yes
Exit Signs: ☐ No ☐ Yes
Fire Alarm: ☐ No ☐ Yes
Smoke Detection Systems: ☐ No ☐ Yes ☐ Partial _____
Carbon Monoxide Detection: ☐ No ☐ Yes

LIFE SAFETY PLAN REQUIREMENTS

Life Safety Plan Sheet #: _____

- ☐ Fire and/or smoke rated wall locations (Chapter 7)
- ☐ Assumed and real property line locations (if not on the site plan)
- ☐ Exterior wall opening area with respect to distance to assumed property lines (705.8)
- ☐ Occupancy Use for each area as it relates to occupant load calculation (Table 1004.1.2)
- ☐ Occupant loads for each area
- ☐ Exit sign locations (1013)
- ☐ Exit access travel distances (1017)
- ☐ Common path of travel distances (Tables 1006.2.1 & 1006.3.2(1))
- ☐ Dead end lengths (1020.4)
- ☐ Clear exit widths for each exit door
- ☐ Maximum calculated occupant load capacity each exit door can accommodate based on egress width (1005.3)
- ☐ Actual occupant load for each exit door
- ☐ A separate schematic plan indicating where fire rated floor/ceiling and/or roof structure is provided for purposes of occupancy separation
- ☐ Location of doors with panic hardware (1010.1.10)
- ☐ Location of doors with delayed egress locks and the amount of delay (1010.1.9.7)
- ☐ Location of doors with electromagnetic egress locks (1010.1.9.9)
- ☐ Location of doors equipped with hold-open devices
- ☐ Location of emergency escape windows (1030)
- ☐ The square footage of each fire area (202)
- ☐ The square footage of each smoke compartment for Occupancy Classification I-2 (407.5)
- ☐ Note any code exceptions or table notes that may have been utilized regarding the items above

ACCESSIBLE DWELLING UNITS
(SECTION 1107)

UNIT CLASSIFICATION	TOTAL UNITS	ACCESSIBLE UNITS REQUIRED	ACCESSIBLE UNITS PROVIDED	TYPE A UNITS REQUIRED	TYPE A UNITS PROVIDED	TYPE B UNITS REQUIRED	TYPE B UNITS PROVIDED	TOTAL ACCESSIBLE UNITS PROVIDED

ACCESSIBLE PARKING
(SECTION 1106)

LOT OR PARKING AREA	TOTAL # OF PARKING SPACES		# OF ACCESSIBLE SPACES PROVIDED		TOTAL # ACCESSIBLE PROVIDED
	REQUIRED	PROVIDED	96" SPACES	132" SPACES	
TOTAL					

PLUMBING FIXTURE REQUIREMENTS
(TABLE 2902.1)

USE		WATER CLOSETS			URINALS	LAVATORIES			SHOWERS /TUBS	DRINKING FOUNTAINS	
		MALE	FEMALE	UNISEX		MALE	FEMALE	UNISEX		REGULAR	ACCESSIBLE
SPACE	EXIST'G										
	NEW										
	REQ'D										

SPECIAL APPROVALS

Special approval: (Local Jurisdiction, Department of Insurance, OSC, DPI, DHHS, etc., describe below)

_____

_____

ENERGY SUMMARY

ENERGY REQUIREMENTS:

The following data shall be considered minimum and any special attribute required to meet the energy code shall also be provided. Each Designer shall furnish the required portions of the project information for the plan data sheet. If performance method, state the annual energy cost for the standard reference design vs annual energy cost for the proposed design.

Existing building envelope complies with code: ☐ No ☐ Yes (The remainder of this section is not applicable)

Exempt Building: ☐ No ☐ Yes (Provide code or statutory reference): _____

Climate Zone: ☐ 3A ☐ 4A ☐ 5A

Method of Compliance: Energy Code ☐ Performance ☐ Prescriptive
ASHRAE 90.1 ☐ Performance ☐ Prescriptive
(If "Other" specify source here)_____

THERMAL ENVELOPE (Prescriptive method only)

Roof/ceiling Assembly (each assembly)

Description of assembly: _____
U-Value of total assembly: _____
R-Value of insulation: _____
Skylights in each assembly: _____
U-Value of skylight: _____
total square footage of skylights in each assembly: _____

Exterior Walls (each assembly)

Description of assembly: _____
U-Value of total assembly: _____
R-Value of insulation: _____
Openings (windows or doors with glazing)
U-Value of assembly: _____
Solar heat gain coefficient: _____
projection factor: _____
Door R-Values: _____

Walls below grade (each assembly)

Description of assembly: _____
U-Value of total assembly: _____
R-Value of insulation: _____

Floors over unconditioned space (each assembly)

Description of assembly: _____
U-Value of total assembly: _____
R-Value of insulation: _____

Floors slab on grade

Description of assembly: _____
U-Value of total assembly: _____
R-Value of insulation: _____
Horizontal/vertical requirement: _____
slab heated: _____

2018
BUILDING CODE SUMMARY FOR ALL COMMERCIAL PROJECTS
STRUCTURAL DESIGN
(PROVIDE ON THE STRUCTURAL SHEETS IF APPLICABLE)

DESIGN LOADS:

Importance Factors: Snow (I_S) _____
Seismic (I_E) _____

Live Loads: Roof _____ psf
Mezzanine _____ psf
Floor _____ psf

Ground Snow Load: _____ psf

Wind Load: Ultimate Wind Speed _____ mph (ASCE-7)
Exposure Category _____

SEISMIC DESIGN CATEGORY: ☐ A ☐ B ☐ C ☐ D

Provide the following Seismic Design Parameters:

Risk Category (Table 1604.5) ☐ I ☐ II ☐ III ☐ IV

Spectral Response Acceleration S_S_____ %g S_1_____ %g

Site Classification (ASCE 7) ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F

Data Source: ☐ Field Test ☐ Presumptive ☐ Historical Data

Basic structural system ☐ Bearing Wall ☐ Dual w/Special Moment Frame
☐ Building Frame ☐ Dual w/Intermediate R/C or Special Steel
☐ Moment Frame ☐ Inverted Pendulum

Analysis Procedure: ☐ Simplified ☐ Equivalent Lateral Force ☐ Dynamic

Architectural, Mechanical, Components anchored? ☐ Yes ☐ No

LATERAL DESIGN CONTROL: Earthquake ☐ Wind ☐

SOIL BEARING CAPACITIES:

Field Test (provide copy of test report) _____ psf
Presumptive Bearing capacity _____ psf
Pile size, type, and capacity _____

2018
BUILDING CODE SUMMARY FOR ALL COMMERCIAL PROJECTS
MECHANICAL DESIGN
(PROVIDE ON THE MECHANICAL SHEETS IF APPLICABLE)

MECHANICAL SUMMARY

MECHANICAL SYSTEMS, SERVICE SYSTEMS AND EQUIPMENT

Thermal Zone

winter dry bulb: _____
summer dry bulb:_____

Interior design conditions

winter dry bulb: _____
summer dry bulb:_____
relative humidity: _____

Building heating load: _____

Building cooling load: _____

Mechanical Spacing Conditioning System

Unitary
- description of unit: _____
- heating efficiency: _____
- cooling efficiency: _____
- size category of unit: _____

Boiler
- Size category. If oversized, state reason.: _____

Chiller
- Size category. If oversized, state reason.: _____

List equipment efficiencies: _____

2018
BUILDING CODE SUMMARY FOR ALL COMMERCIAL PROJECTS
ELECTRICAL DESIGN
(PROVIDE ON THE ELECTRICAL SHEETS IF APPLICABLE)

ELECTRICAL SUMMARY

ELECTRICAL SYSTEM AND EQUIPMENT

Method of Compliance: Energy Code ☐ Performance ☐ Prescriptive
ASHRAE 90.1 ☐ Performance ☐ Prescriptive

Lighting schedule (each fixture type)

lamp type required in fixture
number of lamps in fixture
ballast type used in the fixture
number of ballasts in fixture
total wattage per fixture
total interior wattage specified vs. allowed (whole building or space by space)
total exterior wattage specified vs. allowed

Additional Efficiency Package Options
(When using the 2018 NCECC; not required for ASHRAE 90.1)

☐ C406.2 More Efficient HVAC Equipment Performance
☐ C406.3 Reduced Lighting Power Density
☐ C406.4 Enhanced Digital Lighting Controls
☐ C406.5 On-Site Renewable Energy
☐ C406.6 Dedicated Outdoor Air System
☐ C406.7 Reduced Energy Use in Service Water Heating

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: _____

Revised 7/2024

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
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. Heat Pumps:

Nu. Gas Furnace

Nu. Gas Grills

Nu. Gas Logs:

Total Cost of Project:

Nu. Gas Ovens

Nu. Gas Ranges

Nu. Gas Water Heaters

Nu. Other Equipment

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:

Rev. 7/2024

NON-RESIDENTIAL
EROSION AND SEDIMENT CONTROL INSTALLATION AND MAINTENANCE AGREEMENT

ANY LAND DISTURBING ACTIVITY LESS THAN 12,000 SQUARE FEET

STREET ADDRESS: _____

SUBDIVISION: _____

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 will be installed as detailed.

Person or firm financially responsible for project:

Printed Name: _____

Signature: _____

Company Name (if applicable)

_____

Company President (if applicable)

_____

Address:

_____

_____

_____

Phone Number:_____

Email:_____

Site Drawing (Sketch of proposed site, including adjacent drainage and public right-of-way. Attach separate document if needed.)

NON-RESIDENTIAL
EROSION AND SEDIMENT CONTROL INSTALLATION AND MAINTENANCE AGREEMENT

ANY LAND DISTURBING ACTIVITY LESS THAN 12,000 SQUARE FEET

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, Standards and Procedures Manual. A stabilized entrance pad of filter fabric, #5 washed stone and 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 twenty feet in depth and be a minimum of 12 feet in width. 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.

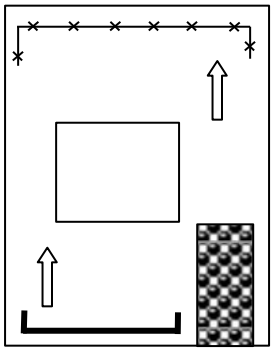
Following installation of these measures, please contact the Town of Waxhaw Permitting Office at 704-843-2195 to schedule an erosion and sedimentation control inspection prior to initiating any further construction activities.

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

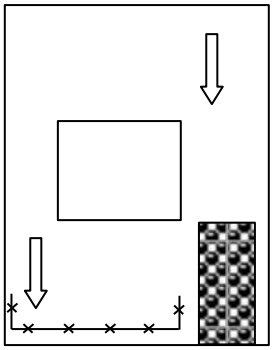
If any indicated Erosion and Sedimentation Control (ESC) measures are not installed, a re-inspection fee will be required.

Choose from the following options or a combination of any of the following Options:

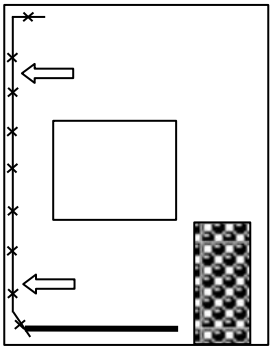
Option 1 Flow to the Rear



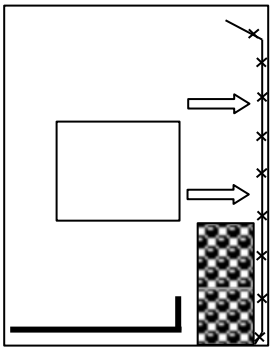
Option 2 Flow to the Front

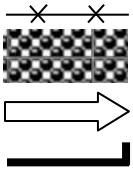


Option 3 Flow to the Left



Option 4 Flow to the Right





Silt Fence

Construction Entrance

Direction of Flow

Vehicle Barrier