



**City of Lincolnton Planning & Zoning**  
 114 W Sycamore St  
 P.O. Box 617, Lincolnton, NC 28093  
 Phone: 704-736-8930  
[zoningpermits@lincolntonnc.org](mailto:zoningpermits@lincolntonnc.org)  
 Fee: \$300.00 plus per \$50 per acre

**SITE PLAN REVIEW APPLICATION**

To be considered complete, please submit this application along with **three paper copies and a digital version of the sketch plan.**

Project Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parcel(s): \_\_\_\_\_

Property Owner:

Representative (Applicant, Surveyor, Engineer, Etc.):

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Company Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Who should staff contact with comments?:     Property Owner     Representative     Both

Zoning District: \_\_\_\_\_ Proposed Zoning District (if applicable): \_\_\_\_\_ Total Acres: \_\_\_\_\_

Watershed District:    Yes    No    If yes, area to be disturbed: \_\_\_\_\_ *\*A separate form may be required.*

Flood Map # and Date: \_\_\_\_\_ Zone(s): \_\_\_\_\_ Total acres: \_\_\_\_\_

Utility Providers to site:   Water: \_\_\_\_\_   Sewer: \_\_\_\_\_   Electric: \_\_\_\_\_

\_\_\_\_\_  
 Property Owner / Representative Signature

\_\_\_\_\_  
 Date

*Please note that any engineering costs will be at the cost of the applicant. All other fees per the City of Lincolnton Schedule of Fees. Review timelines per the City of Lincolnton Application Deadline Schedule.*

**For Office Use:**

**Application received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TRC Date:** \_\_\_\_\_ **Review Deadline:** \_\_\_\_\_ **Comments Sent:** \_\_\_\_\_

**Amount Due:** \_\_\_\_\_ **Date Paid:** \_\_\_\_\_