



City of Lincolnton Planning & Zoning
114 W Sycamore St
P.O. Box 617, Lincolnton, NC 28093
Phone: 704-736-8930
zoningpermits@lincolntonnc.org

SKETCH PLAN REVIEW APPLICATION

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

REQUESTED REVIEW: **ZONING ONLY** **TECHNICAL REVIEW COMMITTEE (\$100.00 Fee)**

Project Name: _____

Plan Type: _____

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

Parcel #: _____ P.I.N. #: _____ Zoning District: _____

Flood Map # and Date: _____ Zone: _____ Watershed District: _____

Existing Access Road: _____

Total Acreage: _____ Total # of Lots: _____

Property Owner/ Representative Signature

Date

For office use:
Application received by: _____ Date: _____ Paid
Review Deadline or TRC Date: _____ Comments sent: _____