

**PLANNING DEPARTMENT**

Jean Derby – Planning Director  
Ashley Jones– Zoning Administrator



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[www.lincolntonnc.org/planning](http://www.lincolntonnc.org/planning)

**CITY OF LINCOLNTON  
CONDITIONAL DISTRICT ZONING MAP APPLICATION**

**Applicant Number \_\_\_\_\_ Date of Application\_\_\_\_\_**

**Applicant/Owner Information**

- **Applicant's Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_
  
- **Owner's Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

**Property Information**

- **Property Location:** \_\_\_\_\_
- **Parcel Number:** \_\_\_\_\_
- **Existing Zoning** \_\_\_\_\_ **Proposed Zoning** \_\_\_\_\_
- **Existing Use** \_\_\_\_\_ **Proposed Use** \_\_\_\_\_
- **Property Size** \_\_\_\_\_ (Sq. Ft./Acres)

**Other Required Information** (attach the following)

1. **Application fee: less than 2 acres - \$500.00, 2-5 acres - \$750.00, more than 5 acres - \$1,000.00. Please make payable to the City of Lincolnton.**
2. **A preliminary site plan shall be submitted along with the application to the Zoning Administrator for review. Said site plan shall contain the following:**
  - a. **Name, address, phone number of the applicant and property owner (if different from the applicant), deed book and page number of the property description.**
  - b. **A scaled boundary survey showing the total acreage, present zoning classification(s), date and north arrow.**
  - c. **The owner's names, addresses, tax parcel numbers and existing land uses of all adjoining properties.**
  - d. **All existing easements, reservations, and rights-of-way on the properties.**
  - e. **Proposed primary circulation patterns showing locations and arrangements of access points to nearby streets.**
  - f. **The proposed location of buildings, total square footages and proposed use(s).**
  - g. **Buffering and landscaping plans at all front, rear and side yards.**
  - h. **Proposed phasing of the development.**
3. **Other information offered by the applicant or requested either by the Planning Board or the City Council.**

**I, the undersigned owner or authorized representative, hereby submit this application with the attached information. The information and documents provided are complete and accurate to the best of my knowledge.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF OWNER(S) OR  
AUTHORIZED REPRESENTATIVE

**Please submit all requirements to:**  
City of Lincolnton Planning Department  
114 West Sycamore Street (PO BOX 617) Lincolnton, NC 28093  
Email: zoningpermits@lincolntonnc.org  
Phone: 704-736-8930  
Office Hours: Monday-Thursday – 8:30 a.m. to 5:00 p.m.