



City of Lincolnton
Planning and Zoning Department
General Application

Please allow a minimum of three (3) business days to process applications.

Address of Subject Property: _____

Applicant(s) Name: _____

Address: _____

Email: _____

Phone: _____

Relationship to Property: [] Owner [] Developer, Contractor, etc. [] Other: _____

Owner(s) Name (if different):

Email: _____

Phone: _____

Request for (Check all that apply):

- [] Zoning Compliance Form
[] Commercial - Business Permit (\$50.00)
[] Commercial - Zoning Permit (\$100.00)
[] Commercial - Accessory Use (\$50.00)
[] Residential - Accessory Use (\$50.00)
[] Residential - Zoning Permit (\$75.00)
[] Residential - Home Occupation Permit (\$50.00)

Project Information (Fill in applicable information):

Parcel Number: _____

Current Zoning: _____

Proposed Land Use: _____

Previous Use: _____

Approx. Building Sq. Ft.: _____

Provide a detailed description of the proposed project. Attach additional pages or documentation if necessary.

Additional Documents: For Residential projects, please provide a plot plan. For Commercial projects, please provide a site plan.

Oath: By signing, I hereby certify that all information that I have provided in this application is correct and complete to the best of my knowledge. I understand that providing false or incomplete information may be grounds for denial of my request or may result in future action by the City of Lincolnton to revoke the permit.

Signature of Applicant

Date

Received by

Date

Applications, plat and/or drawings may be returned by mail, email, or in person 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.