



PLANNING DEPARTMENT

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www.lincolntonnc.org/planning
zoningpermits@lincolntonnc.org

Temporary Structures & Uses Application

This application is required for all temporary structures and uses permits. Completed applications along with all associated submittal requirements, must be submitted to the Planning Department before the application deadline. Applications are accepted in person or via email.

Submittal Requirements: A sketch of the property, including the following information shall accompany this application: lot and setback dimensions, any new & existing structures, locations for parking areas, and information on proposed signage. Based on the nature of the application, the Zoning Administrator shall have the authority to request additional necessary information and/or waive one or more of these items. Application fee: \$100.00 per structure.

APPLICANT / CONTRACTOR INFORMATION:

Name: _____

Company: _____

Mailing Address: _____

Phone Number: _____ Email: _____

PROPERTY OWNER INFORMATION (if different from applicant):

Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

SUBJECT PROPERTY INFORMATION:

Address: _____

Parcel Number: _____

Existing Zoning: _____

TEMPORARY STRUCTURE / USE INFORMATION:

Consistent with those permissible temporary structures and uses set forth in Unified Development Ordinance Section 153.053, this permit application is for a temporary:

1. Subdivision sales office / trailer (see below)* 4. Manufactured home (due to disaster)
 2. Carnivals, circuses, tent assemblies, etc. 5. Other: _____
 3. Temporary Family Health Care Structure

* The permits shall be issued by the Board of Adjustment for a period of one year, and are renewable for a period of time to be determined by the Board of Adjustment, provided the development is being actively marketed. At the completion of the sales in a tract or upon expiration of the permit, whichever occurs first, the temporary structure(s) shall be removed, and any permanent structure(s), temporarily used as a sales office shall be used only for a purpose otherwise permitted in that district.

As applies to the temporary structure or use identified above, please provide the following information:

Duration of Use: _____ Hours of Operation: _____
Temp. Signage: _____ Temp. Lighting: _____
Exp. Attendance: _____

It is the responsibility of the applicant to submit complete and correct information. Incomplete or incorrect information may invalidate your application. By filing this application, the applicant agrees to comply with all applicable requirements of the Unified Development Ordinance.

CERTIFICATION

I CERTIFY that all the information provided for this application and all attachments is true and correct to the best of my knowledge. I further certify that I am familiar with all applicable requirements of the City of Lincolnton Unified Development Ordinance concerning this proposal, and I acknowledge that any violation of such will be grounds for revoking any approvals or permits granted or issued by the City of Lincolnton.

Applicant

Date

Planning Department

Date