



Permit Application
Lincoln County Planning & Inspections Department
115 W Main Street Lincolnton, NC 28092
Office: (704) 736-8724 clovelace@lincolncounty.org

<u>Parcel Id #:</u> <hr/> OR <u>Permit #:</u> <hr/>
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APPLICANT INFORMATION

Applicant Name: _____ Phone #: _____
 Email: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Land Owner's Name: _____ Phone #: _____

SITE INFORMATION

Address where work is being done: _____

Describe Work Being Done: _____

Residential Commercial Repair New Work

Electrical: elec. for heat pump or furnace new Service light & receptacles
 service change out size ____amps to ____amps meter base only
 irrigation pump fence/well service wiring grinder pump pool wiring
 low voltage (security/fire/data) PV system wiring

Plumbing: **Water Source:** well city county **Sewer:** septic city county
 fixtures inside gas lines outside gas lines sewer tap/water tap
 water heater no piping water heater new piping irrigation backflow

Grinder Pump Type: Myers Barnes Little Giant Zoeller Environment 1
 Keen Ebara Liberty Goulds Franklin

Mechanical: *Fuel Type:* Electrical Natural Gas LP any electric work
 new heat pump heat pump change out new/additional duct work
 new furnace furnace change out inside gas lines outside gas lines
 water heater no piping water heater new piping fireplace install

Building: re-roof windows/Doors siding deck porch PV System
 retaining wall chimney

Total Sq Ft if applicable: _____

Total project cost: _____

CONTRACTOR INFORMATION

Contractor: _____ NC Lic #: _____

Mailing Address: _____

Phone #: _____ Email: _____

By signing this application below, I certify that I am authorized to apply for permits on this job, that the information given is true and correct to the best of my knowledge and that all work will comply with NC State Building Codes and local ordinances concerning the proposed use. **I am aware that this permit will become void after six (6) months from the date of issuance if no inspections have been scheduled and completed to verify work on the project has commenced.** For extended projects, I understand that the work must be verified and documented on a yearly basis or the permit will expire. I further understand that any violations of the aforementioned regulations and/or ordinances will be grounds for revocation of any and all permits issued.

 Signature (Qualifier for this license number)

 Print Name

 Date

Contractor Owner