



# Mobile Communications Permit Application

**Lincoln County Planning & Inspections Department**

115 West Main Street, Lincolnton, NC 28092

Phone: (704) 736-8725 twells@lincolncounty.org

Parcel Id # \_\_\_\_\_

Permit # \_\_\_\_\_

## APPLICANT INFORMATION

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tower Owner's Name (if not same): \_\_\_\_\_

## SITE INFORMATION

Address where tower is to be located: \_\_\_\_\_

Landowner's Name: \_\_\_\_\_

Has a Conditional Use Permit been approved for this tower?  Yes  No CUP #: \_\_\_\_\_

## APPLICATION TYPE

New Tower  Co-Location year built: \_\_\_\_\_  Antenna Mount  Small Cell

Construction Cost: \_\_\_\_\_

Electrical Service Size: \_\_\_\_\_ Amps Modular building included in this project?  Yes  No

## CONTRACTOR INFORMATION

Tower Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ License #: \_\_\_\_\_

Contact Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**\*\*Electrical Subcontractor must pull a separate permit\*\***

## STRUCTURE INFORMATION

Height of Tower (ft.): \_\_\_\_\_ Front setback: \_\_\_\_\_ Left: \_\_\_\_\_ Right: \_\_\_\_\_ Rear: \_\_\_\_\_

### **PLEASE READ THE FOLLOWING BEFORE SIGNING:**

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 complete to the best of my knowledge and that all work **will comply with the North Carolina & local building codes & Unified Development Ordinance concerning this 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 & documented on a yearly basis or the permit will expire. **Any violations of the aforementioned regulations and/or the Unified Development Ordinance will be grounds for revocation of any and all permits issued by this department.**

By signing this application below, I certify that I am authorized to apply for plan review on this job, that the information given is true and complete to the best of my knowledge.

**I certify that I have read the foregoing statement and that I accept responsibility for this project including any penalties assessed. I understand that all work is subject to inspection or testing at the Inspector's discretion and the field inspection has final authority. I further understand that it is my responsibility to meet all zoning setbacks and restrictions.**

Signature (contractor) \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_