



Change of Tenant/Occupancy/Safety Inspection
Lincoln County Planning & Inspections Department
115 W. Main St. Lincolnton, NC 28092
Phone: (704)736-8725 twells@lincolncounty.org

<u>Parcel Id #:</u> _____
<u>Permit #:</u> _____

APPLICANT INFORMATION _____

Your Name: _____ Phone #: _____
 Email: _____
 Your Address: _____
 Owner's Name (if not same): _____ Phone #: _____

TYPE OF CHANGE _____

- ABC Daycare Family Care Change of Tenant Safety

SITE INFORMATION _____

Address of structure: _____
 Previous Tenant/Occupant: _____
 Intended Tenant/Occupant: _____
 Previous Use: _____ Intended Use: _____
 Is the Building Unlocked? _____
 Number of Stories: _____ Height: _____ Will there be any new signs?
 Sewerage: City County Septic (requires approval from Env. Hlth. Dept.) Water: City County Well
 Heated Sq. Ft.: _____ + Unheated Sq. Ft.: _____ = Total Sq. Ft.: _____

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. I further understand that as a result of the inspections associated with this permit application I may be required to pull additional permits to complete necessary work.

Signature (owner/agent) _____ Date: _____
 Agent Owner