



Commercial Modular Permit Application
Lincoln County Planning & Inspections Department
 115 West Main Street, Lincolnton, NC 28092
 Phone: (704) 736-8725 twells@lincolncounty.org

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

APPLICANT INFORMATION _____

Your Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Land Owner's Name (if not same): _____ Phone #: _____

Structure Owner's Name (if not same): _____ Phone #: _____

Occupant of Structure (if not same): _____ Phone #: _____

SITE INFORMATION _____

Address where structure is to be located: _____

Subdivision Name: _____ lot #: _____

APPLICATION TYPE _____

- Classroom Unit Job Trailer Office Unit Storage Unit

Description of Work : _____

Construction Cost for Structure (do not include cost of land): _____

GENERAL CONTRACTOR _____

Name (from License) : _____ License #: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone #: _____

STRUCTURE INFORMATION _____

Serial #: _____ Make: _____ Year: _____ Size: _____

Height: _____ Foundation Type: _____ Sprinklers:

Size of deck(s)/ramp(s): _____ sq. ft. Heat Type: Elec LP Nat'l Gas

Existing use of lot/tract: _____ Proposed use of lot/tract: _____

Acreage of lot/tract: _____ Width of lot at front of unit: _____

Setbacks: Front (to right of way): _____ Rear: _____ Left: _____ Right: _____

Water Supply: Well City Water County Water **Fees Paid:** Tap Availability

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 North Carolina & local building codes, and the Unified Development Ordinance concerning this proposed use.** I attest that I have at least one complete set of plans available on the job site for the Inspector. **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. I understand that if 1 (one) acre or more of land is being disturbed during this project, I must comply with the Division of Environmental Management's Sedimentation and Erosion Control Regulations and the state's Watersupply Watershed Regulations. **Any violations of the aforementioned regulations and/or the zoning ordinance will be grounds for revocation of any and all permits issued by this department.**

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.

PDF set of complete sets of construction plans (including site plans) must be submitted for review. Plans must include Appendix B - Building Summary & all mechanical, electrical, & plumbing. Incomplete plans will not be accepted. Allow at least 21 days for the initial review of plans.

Signature (General Contractor) _____

Print Name _____ Date _____

If office space is included in Modular Unit please include the following:

- Appendix B
- ADA Information