



Special Use Permit Application

Lincoln County Planning and Inspections Department
Zoning Administrator
115 W. Main St., Lincolnton, NC 28092
Phone: (704) 736-8440 Fax: (704) 732-9010

PART I

Applicant Name _____

Applicant Address _____

Applicant Phone Number _____

Property Owner Name _____

Property Owner Address _____

Property Owner Phone Number _____

PART II

Property Location _____

Property ID (10 digits) _____ Property size _____

Parcel # (5 digits) _____ Deed Book(s) _____ Page(s) _____

PART III

Existing Zoning District _____

Briefly describe how the property is being used and any existing structures.

Briefly explain the proposed use and/or structure which would require a Special Use Permit.

APPLICATION FEE (less than 2 acres \$250, 2+ acres \$500)
MUST BE RECEIVED BEFORE PROCESSING.

I hereby certify that all knowledge of the information provided for this application and attachments is true and correct to the best of my knowledge.

Applicant's Signature

Date

Application # _____ Date _____

Applicant's Name _____

Applicant's Address _____

Property Location _____ Existing Zoning _____

Proposed Special Use _____

PROPOSED FINDINGS OF FACT

1. The use will not materially endanger the public health or safety if located where proposed and developed according to plan. YES _____ NO _____

FACTUAL REASONS CITED: _____

2. The use meets all required conditions and specifications. YES _____ NO _____

FACTUAL REASONS CITED: _____

3. The use will not substantially injure the value of adjoining or abutting property unless the use is a public necessity. YES _____ NO _____

FACTUAL REASONS CITED: _____

4. The location and character of use, if developed according to the plan as submitted and approved, will be in harmony with the area in which it is to be located and will be in general conformity with the Land Use Plan for the area in question. YES _____ NO _____

FACTUAL REASONS CITED: _____

