



## **Appeal Application**

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

### **Part I**

Applicant Name \_\_\_\_\_

Applicant Address \_\_\_\_\_

Applicant Phone Number \_\_\_\_\_

Property Owner's Name \_\_\_\_\_

Property Owner's Address \_\_\_\_\_

Property Owner's Phone Number \_\_\_\_\_

### **Part II**

Property Location \_\_\_\_\_

Property ID # (10 digits) \_\_\_\_\_ Property Size \_\_\_\_\_

Parcel # (5 digits) \_\_\_\_\_ Deed Book(s) \_\_\_\_\_ Page(s) \_\_\_\_\_

### **Part III**

Date of Zoning Administrator's decision:

\_\_\_\_\_

Summary of Zoning Administrator's decision:

\_\_\_\_\_

\_\_\_\_\_

Briefly describe your reasons for seeking an appeal of decision:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\$200 APPLICATION FEE MUST BE RECEIVED BEFORE PROCESSING AN APPEAL REQUEST**

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

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date