



Temporary Use Permit Application

Lincoln County Planning & Inspections
Zoning Administrator
302 N. Academy 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 temporary use and specify the time period.

\$75 APPLICATION FEE 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

property owner's signature

date