



## **Zoning Map Amendment 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**

Existing Zoning District \_\_\_\_\_ Proposed Zoning District \_\_\_\_\_

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

---

---

Briefly explain the proposed use and/or structure which would require a rezoning.

---

---

**APPLICATION FEE (less than 2 acres \$200, 2-5 acres \$400, 5+ acre \$800)**  
**MUST BE RECEIVED BEFORE PROCESSING.**

*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