



Conditional Zoning District 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 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 _____ Proposed Zoning District _____

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

List the proposed use or uses of the property.

APPLICATION FEE (less than 2 acres \$400, 2-5 acres \$800, 5+ acre \$1,200)
And SITE PLAN 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 _____