

ONE AND TWO FAMILY DWELLINGS
& RESIDENTIAL ACCESSORY STRUCTURES



LINCOLN COUNTY, NORTH CAROLINA
ZONING PERMIT CHECKLIST

<input type="checkbox"/> SINGLE FAMILY	<input type="checkbox"/> TWO FAMILY	<input type="checkbox"/> MANUFACTURED HOME	<input type="checkbox"/> POOL	<u>PARCEL ID</u>	<u>PERMIT #</u>	<u>STAFF</u>
<input type="checkbox"/> ADDITION	<input type="checkbox"/> GRADING	<input type="checkbox"/> ACCESSORY BUILDING	<input type="checkbox"/> DEMOLITION			
OWNER ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____				CONTRACTOR ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____		
PROPERTY LOCATION (Subdivision & Lot # or Address)						
MANUFACTURED HOMES Currently set up in Lincoln County? <input type="checkbox"/> YES <input type="checkbox"/> NO MANUFACTURER _____ SIZE _____ YEAR _____ CLASS: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/>				LIVING SPACE Will the accessory structure have a bedroom? <input type="checkbox"/> YES <input type="checkbox"/> NO Will the accessory structure have a range? <input type="checkbox"/> YES <input type="checkbox"/> NO		
PRINCIPAL STRUCTURE PROPOSED / REQUIRED SETBACKS FRONT _____ / _____ RIGHT SIDE _____ / _____ LEFT SIDE _____ / _____ REAR _____ / _____ WIDTH @ BUILDING LINE _____ HEIGHT _____ / _____ LOT SIZE _____				ACCESSORY STRUCTURE PROPOSED / REQUIRED SETBACKS SIZE _____ / _____ EXISTING _____ FRONT _____ / _____ PROPOSED _____ RIGHT SIDE _____ / _____ TOTAL _____ LEFT SIDE _____ / _____ MAXIMUM _____ REAR _____ / _____ HEIGHT _____ / _____ LOT SIZE _____		
ZONING _____ PLAT YES <input type="checkbox"/> NO <input type="checkbox"/> DRAINAGE EASEMENT YES <input type="checkbox"/> NO <input type="checkbox"/> R/W Width _____						
SPECIAL FLOOD HAZARD AREA: YES <input type="checkbox"/> NO <input type="checkbox"/> PANEL # 3710 _____ ZONE _____ Flood Admin. _____				VOLUNTARY AGRICULTURAL DISTRICT Is the subject property within 2000' of a Voluntary Agricultural District? <input type="checkbox"/> YES <input type="checkbox"/> NO		
STREAMSIDE BUFFER Does the parcel lie within 50' of a stream? <input type="checkbox"/> YES <input type="checkbox"/> NO				UTILITIES <input type="checkbox"/> SEPTIC <input type="checkbox"/> WELL EH Authorization to Construct <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PUBLIC SEWER <input type="checkbox"/> PUBLIC WATER FEES <input type="checkbox"/> PAID <input type="checkbox"/> DEFERRED		
WATERSUPPLY WATERSHED NAME _____ CLASS: <input type="checkbox"/> II-C <input type="checkbox"/> II-P <input type="checkbox"/> III-P <input type="checkbox"/> IV-C <input type="checkbox"/> IV-P MAX IMPERVIOUS ALLOWED _____ Qualifier Signature <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A Workers Comp <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				Erosion & Sediment Control Form <input type="checkbox"/> YES <input type="checkbox"/> NO Lien Form <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A Owner Exemption Form <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A Site Plan <input type="checkbox"/> YES <input type="checkbox"/> NO City Zoning <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
<p>I certify that I have read the foregoing statement and that I accept responsibility for this project including any penalties assessed. I understand that all work is subject to inspection or testing and the inspector's discretion and the field inspector has final authority. I further understand that it is my responsibility to meet all land use regulations and conditions applicable to this permit. I have also completed a zoning site plan attached to this application. I also agree to allow employees of Lincoln County to enter this property during reasonable hours for the purpose of making zoning and building inspections. This permit shall expire unless the work authorized by it shall have commenced within six months of its issuance, or if work authorized by it is discontinued for a period of one year or more.</p>						
APPLICANT SIGNATURE _____				DATE _____		
Label Here						



Residential Accessory Building Permit Application

Lincoln County Planning & Inspections Department

115 W. Main St, Lincolnton, N.C. 28092

ResidentialPermits@LincolnCountyNC.gov

Parcel Id #:

Permit #:

APPLICANT INFORMATION

Applicant Name: _____ Phone #: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Land Owner's Name (if not same) _____ Phone #: _____

Structure Owner's Name (if not same): _____ Phone #: _____

SITE INFORMATION

Address where structure is to be located: _____

Subdivision Name: _____ lot #: _____

APPLICATION TYPE

Describe type of work being done: _____

CONSTRUCTION COST

Construction Cost for Structure (do not include cost of land): _____

GENERAL CONTRACTOR

Name (from License) : _____ License #: _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

*****Subcontractor's must pull separate permit for each trade*****

STRUCTURE INFORMATION

Total Sq. ft.: _____ Heated Sq. Ft.: _____ Unheated Sq. Ft.: _____

of stories: _____ # Bedrooms: _____ # Baths: _____

Foundation: Basement Crawl Slab **Heat Type:** Elec LP Nat'l Gas

Acreage of lot/tract: _____ Existing use of land: _____ Building Height: _____

Water Supply: Well City Water County Water Fees Paid: Tap Availability

All information must be complete. Any willful misrepresentation constitutes fraud and will be turned over to the Licensing Board. Permits will also be revoked.

Signature on back of form must be from General Contractor or his/her authorized representative

PLEASE READ THE FOLLOWING BEFORE SIGNING:

(From Unified Development Ordinance)

No portion of any accessory structure (except water wells, fences, mailboxes, newspaper boxes, fountains, school bus shelters, walls) shall be located within any front yard on lots less than one (1) acre in area. On lots of one (1) acre in area or greater, accessory structures may be located in the front yard, a minimum of one-hundred fifty (150) feet from the edge of the street right-of-way line. Water wells, fences, mailboxes, school bus shelters, newspaper box, fountains and walls may be located in any front, side or rear yard.

Accessory structures are allowed in side and rear yards no closer than ten (10) feet to the property line, however, as the size of the accessory structure increases the required setback increases too. The table below provides the required setbacks from §4.6.2 C 2 (c) of the UDO: (**)

Size of Accessory

Structure in Square Feet:

Required Setback:

1,000 OR LESS	TEN (10) FEET
1,001 TO 2,000	TWENTY (20) FEET
2,001 TO 3,000	THIRTY (30) FEET
3,001 TO 4,000	FORTY (40) FEET
4,001 OR MORE	FIFTY (50) FEET

****If on the lake, the rear setback must observe a 50' setback from the 760' elevation line. (riparian buffer rules)**

By signing this application below, I certify that I am authorized to apply for permits on this job, that the information given is true and complete to the best of my knowledge and that all work will comply with North Carolina, local building codes & the Unified Development Ordinance concerning this proposed use. I attest that the floor areas listed above are accurate and that I have at least one complete set of plans available on the job site for the Inspector. I am aware that this permit will become void after six (6) months from the date of issuance if no inspections have been scheduled and completed to verify work on the project has commenced. For extended projects, I understand that the work must be verified & documented on a yearly basis or the permit will expire. Any violations of the aforementioned regulations and/or the Unified Development Ordinance will be grounds for revocation of any and all permits issued by this department.

****Subcontractor's must pull separate permit for each trade****

I certify that I have read the foregoing statement and that I accept responsibility for this project including any penalties assessed. I understand that all work is subject to inspection or testing at the Inspector's discretion and the field inspection has final authority. I further understand that it is my responsibility to meet all zoning setbacks and restrictions. I have completed a Zoning Permit Checklist.

Signature (owner/contractor) _____

Print Name _____ Date _____

Owner

General Contractor

CONSTRUCTION WITHOUT THE USE OF A LICENSED GENERAL CONTRACTOR

GENERAL STATUTE 87-14 (G.S. 87-14) GIVES THE FOLLOWING CONDITIONS WHEN AN UNLICENSED PERSON, FIRM OR CORPORATION MAY BE ISSUED A PERMIT FOR THE CONSTRUCTION OF A PROJECT:

1. THE TOTAL COST OF THE PROJECT **MUST NOT** EXCEED \$39,999.99 (OR)
2. THE PROJECT **MUST NOT** BE FOR LEASE, RENT OR SALE AND MUST BE OWNED AND OCCUPIED FOR A PERIOD OF NO LESS THAN 1 FULL YEAR BY THE OWNER (OR)
3. FOR A MODULAR CONSTRUCTED PER VOL. VIII, WE MUST HAVE PROOF OF A \$5000.00 SURETY BOND.

IF AN UNLICENSED PERSON OBTAINS A PERMIT UNDER G.S. 87-14, THEY SHALL BE AFFORDED ALL THE AUTHORITY, RESPONSIBILITY AND COURTESIES OF A LICENSED GENERAL CONTRACTOR. IT SHALL BE THE RESPONSIBILITY OF THE PERMIT HOLDER TO MAKE HIMSELF/HERSELF AWARE OF AND TO COMPLY WITH ALL STATE AND LOCAL CODES, ORDINANCES AND GENERAL STATUTES. COPIES OF THE CODES ARE AVAILABLE AT THE NORTH CAROLINA DEPARTMENT OF INSURANCE AT www.ncdol.com AND GENERAL STATUTES ARE AVAILABLE AT www.ncleg.net, THE BOOKSTORE AT GASTON COLLEGE, THE LICENSING BOARD FOR GENERAL CONTRACTORS, AND AT THE LOCAL LIBRARY. THIS ONE PERSON WILL BE RESPONSIBLE FOR CALLING IN ALL INSPECTION REQUESTS AND COORDINATING ALL CONCERN DIRECTED TO THE INSPECTORS. THE INSPECTION RESULTS WILL NOT BE DISCUSSED WITH ANYONE OTHER THAN THE PERMIT HOLDER. THE ONLY EXCEPTION TO THIS IS IF LICENSED CONTRACTORS ARE USED FOR THE INDIVIDUAL TRADES (FRAMING, ELECTRIC, PLUMBING, OR MECHANICAL) WE WILL DISCUSS WITH THEM ANY ISSUES ASSOCIATED WITH THEIR WORK.

Signature: _____ Date: _____

APPENDIX D
AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE
N.C.G.S. §87-14

The undersigned applicant for Building Permit # _____ being the

Contractor: _____

Owner: _____

Officer/Agent of the Contractor or Owner: _____

Do hereby aver under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

- has/have three (3) or more employees and have obtained workers' compensation insurance to cover them,
- has/have one or more subcontractor(s) and have obtained workers' compensation insurance to cover them,
- has/have one or more subcontractor(s) who has/have their own policy of workmen's compensation covering themselves,
- has/have not more than two (2) employees and no subcontractors,

while working on the project for which this permit is sought. It is understood that the Inspection Department issuing the permit may require certificates of coverage of workers, compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Firm name: _____

By: _____

Title: _____

Date: _____

**EROSION AND SEDIMENT CONTROL
FOR SINGLE LOT DISTURBANCE OF LESS THAN ONE ACRE
APPLICATION
FEE = \$50 PER LOT**

Building & Land Dev. (704)736-8440

Natural Resources (704)736-8501

L O C A T I O N / T Y P E	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">SUBDIVISION</th> <th style="width: 10%;">STREET #</th> <th style="width: 10%;">STREET NAME</th> <th style="width: 10%;">PARCEL ID#</th> <th style="width: 10%;">LOT#</th> <th style="width: 10%;">PERMIT #</th> <th style="width: 10%;">TYPE</th> </tr> </thead> <tbody> <tr> <td colspan="7">Size of lot: _____ (sq ft or acres)</td> </tr> <tr> <td colspan="7">Amount of lot to be disturbed: _____ (sq ft or acres)</td> </tr> <tr> <td colspan="7">Anticipated starting date of construction: _____</td> </tr> <tr> <td colspan="7">Is there a stream, lake or watercourse on or near the lot? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes show on sketch) Name _____</td> </tr> <tr> <td colspan="7">Structure Type: SFD MODH MFSW MFDW ADD/ALT ACC BLDG</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> A P P R O A C H Choose one of the following: <p><input type="checkbox"/> The most appropriate option from the back of this notice is option _____ or a combination of options _____ & _____.</p> <p><input type="checkbox"/> A sediment basin located on lot _____ is handling soil erosion and sedimentation control. A construction entrance will be installed on this lot.</p> <p><input type="checkbox"/> The sediment control is as drawn in the space to the right.</p> <p><input type="checkbox"/> Sediment Control— See attached</p> </td> <td style="width: 50%; vertical-align: top; text-align: center;"> Erosion Control Measures (include vicinity sketch and north arrow) <div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div> <p style="text-align: center;">(no scale)</p> </td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; vertical-align: top; text-align: center;"> A P P L I C A N T </td> <td colspan="4"> I CERTIFY THE INFORMATION THAT I HAVE PROVIDED IN THIS APPLICATION AND ANY ATTACHED DOCUMENTS ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ACCEPT RESPONSIBILITY OF INSTALLATION AND MAINTENANCE OF THE SOIL EROSION AND SEDIMENTATION CONTROL MEASURES FOR THIS LOT UNTIL IT IS COMPLETELY STABILIZED WITH GROUNDCOVER. I UNDERSTAND THAT NOT FOLLOWING THESE ORDINANCE GUIDELINES WILL RESULT IN POTENTIAL FINES AND/OR HOLDING UP OF BUILDING INSPECTIONS ON THIS PROJECT. </td> </tr> <tr> <td colspan="2">PRINT OWNER'S NAME</td> <td>TELEPHONE</td> <td>OWNER'S SIGNATURE</td> <td>DATE</td> </tr> <tr> <td colspan="5">OWNER'S PRINTED MAILING ADDRESS</td> </tr> <tr> <td colspan="5">OWNER'S E-MAIL ADDRESS</td> </tr> <tr> <td colspan="2">PRINT BUILDER'S NAME</td> <td>TELEPHONE</td> <td>BUILDER'S SIGNATURE</td> <td>DATE</td> </tr> <tr> <td colspan="5">BUILDER'S PRINTED MAILING ADDRESS</td> </tr> <tr> <td colspan="5">BUILDER'S E-MAIL ADDRESS</td> </tr> </table>	SUBDIVISION	STREET #	STREET NAME	PARCEL ID#	LOT#	PERMIT #	TYPE	Size of lot: _____ (sq ft or acres)							Amount of lot to be disturbed: _____ (sq ft or acres)							Anticipated starting date of construction: _____							Is there a stream, lake or watercourse on or near the lot? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes show on sketch) Name _____							Structure Type: SFD MODH MFSW MFDW ADD/ALT ACC BLDG							A P P R O A C H Choose one of the following: <p><input type="checkbox"/> The most appropriate option from the back of this notice is option _____ or a combination of options _____ & _____.</p> <p><input type="checkbox"/> A sediment basin located on lot _____ is handling soil erosion and sedimentation control. A construction entrance will be installed on this lot.</p> <p><input type="checkbox"/> The sediment control is as drawn in the space to the right.</p> <p><input type="checkbox"/> Sediment Control— See attached</p>	Erosion Control Measures (include vicinity sketch and north arrow) <div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div> <p style="text-align: center;">(no scale)</p>	A P P L I C A N T	I CERTIFY THE INFORMATION THAT I HAVE PROVIDED IN THIS APPLICATION AND ANY ATTACHED DOCUMENTS ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ACCEPT RESPONSIBILITY OF INSTALLATION AND MAINTENANCE OF THE SOIL EROSION AND SEDIMENTATION CONTROL MEASURES FOR THIS LOT UNTIL IT IS COMPLETELY STABILIZED WITH GROUNDCOVER. I UNDERSTAND THAT NOT FOLLOWING THESE ORDINANCE GUIDELINES WILL RESULT IN POTENTIAL FINES AND/OR HOLDING UP OF BUILDING INSPECTIONS ON THIS PROJECT.				PRINT OWNER'S NAME		TELEPHONE	OWNER'S SIGNATURE	DATE	OWNER'S PRINTED MAILING ADDRESS					OWNER'S E-MAIL ADDRESS					PRINT BUILDER'S NAME		TELEPHONE	BUILDER'S SIGNATURE	DATE	BUILDER'S PRINTED MAILING ADDRESS					BUILDER'S E-MAIL ADDRESS				
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Revised: 03/15/15

Any disturbance of less than 1,000 square feet will not require this permit.



EROSION CONTROL OPTIONS FOR LOT CONSTRUCTION

The Soil Erosion and Sedimentation Control Ordinance requires that anyone conducting a land-disturbing activity prevent sediment from leaving the disturbed site. Furthermore, conducting any land-disturbing activity consisting of one acre or more requires a permit before beginning the disturbance. This includes disturbance of multiple lots totaling one acre or more, regardless of proximity to each other within a subdivision; in cases where fill material is stockpiled, needed, or wasted, the area where this material is stored, coming from, or going to, must be included in the total area of disturbance. Erosion Control measures must be installed prior to any grading or construction on site and maintained correctly to function properly. Please refer to the [NC Erosion and Sediment Control Planning and Design Manual](#) for specific guidance as it relates to installation and maintenance. The site shall be inspected for maintenance needs weekly and after each storm event, whichever is sooner.

SEDIMENTATION AND EROSION CONTROL OPTIONS	
LEGEND	<p>INSTRUCTIONS: IDENTIFY ONE OR ANY COMBINATION OF LETTERS FROM THE SEDIMENT CONTROL SKETCHES BELOW THAT BEST DESCRIBES THE EROSION CONTROL MEASURES THAT WILL BE USED DURING CONSTRUCTION.</p> <p>Silt Fence: </p> <p>Construction Entrance: </p> <p>Direction of Flow: </p>
	<p>Construction Sequence:</p> <ol style="list-style-type: none"> 1. Install construction entrance; 2. Install silt fence; 3. Rough grade site; 4. Final grade site; 5. Stabilize site; 6. Remove erosion control measures after site has been inspected for compliance by the Natural Resource Department.
EROSION CONTROL OPTIONS	<p>Flow to the Rear OPTION A</p> <p>Flow to the Front OPTION B</p> <p>Flow to the Left OPTION C</p> <p>Flow to the Right OPTION D</p> <p>Flow to the Front & Rear OPTION E</p> <p>Flow to the Left & Right OPTION F</p> <p>EXAMPLE</p> <p>Combination C & E</p>
	<p>Construction Examples</p> <p>Spacing of metal tee post with fabric shall be max. of 6' without wire fence Spacing of metal tee post with fabric and wire fence shall be max. 8'</p>

APPENDIX H

AFFIDAVIT OF ON-SITE WASTEWATER EXISTING SYSTEM PUSUANT TO N.C.G.S. §160D-1110(h1)

[This form is only required with a permit application if the permit applicant is applying for exemption as allowed by N.C.G.S. § 160D-1110(h1)]

STATE OF NORTH CAROLINA

COUNTY OF _____

Inspection Department

Address and Parcel Identification of Real Property Where Building is to be Constructed or Altered:

I, _____,

(Print Full Name)

owner of the property, do hereby under penalties of perjury affirm that the proposed building construction will meet local and State on-site wastewater system setback requirements pursuant to N.C.G.S. § 130A-335. Additionally, the proposed construction shall not increase the design daily flow or wastewater strength of the existing system and thereby absolves the State, Inspection Department, and Local Health Department of any responsibility or liability regarding the existing wastewater system.

The property owner may, at his or her discretion, consult with an authorized on-site wastewater evaluator certified by the North Carolina On-Site Wastewater Contractors and Inspectors Certification Board or an inspector, as defined in N.C.G.S. § 90A-71(5), to locate the on-site wastewater existing system and verify setbacks requirements prior to executing this affidavit.

(Signature of Affiant)

Date

Sworn to (or affirmed) and Subscribed before me this _____ day of _____, 20_____

Signature of Notary Public

Printed Name of Notary Public

My Commission Expires: _____ (Notary Stamp or Seal)