



**Commercial Modular Permit Application**  
**Lincoln County Planning & Inspections Department**  
115 W. Main Street, Lincolnton, NC 28092  
Phone: (704) 736-8725 [tammy.wells@lincolncountync.gov](mailto:tammy.wells@lincolncountync.gov)

Parcel Id #:

Permit #:

**APPLICANT INFORMATION**

Your Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

Occupant of Structure (if not same): \_\_\_\_\_ Phone #: \_\_\_\_\_

**SITE INFORMATION**

Address where structure is to be located: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ lot #: \_\_\_\_\_

**APPLICATION TYPE**

Classroom Unit  Job Trailer  Office Unit  Storage Unit

Description of Work : \_\_\_\_\_

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

**GENERAL CONTRACTOR**

Name (from License) : \_\_\_\_\_ License #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

**STRUCTURE INFORMATION**

Serial #: \_\_\_\_\_ Make: \_\_\_\_\_ Year: \_\_\_\_\_ Size: \_\_\_\_\_

Height: \_\_\_\_\_ Foundation Type: \_\_\_\_\_ Sprinklers:

Size of deck(s)/ramp(s): \_\_\_\_\_ sq. ft. Heat Type:  Elec  LP  Nat'l Gas

Existing use of lot/tract: \_\_\_\_\_ Proposed use of lot/tract: \_\_\_\_\_

Acreage of lot/tract: \_\_\_\_\_ Width of lot at front of unit: \_\_\_\_\_

Setbacks: Front (to right of way): \_\_\_\_\_ Rear: \_\_\_\_\_ Left: \_\_\_\_\_ Right: \_\_\_\_\_

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

**PLEASE READ THE FOLLOWING BEFORE SIGNING:**

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, and the Unified Development Ordinance concerning this proposed use.** I attest 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. I understand that if 1 (one) acre or more of land is being disturbed during this project, I must comply with the Division of Environmental Management's Sedimentation and Erosion Control Regulations and the state's Watersupply Watershed Regulations. **Any violations of the aforementioned regulations and/or the zoning ordinance will be grounds for revocation of any and all permits issued by this department.**

**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.**

***PDF set of complete sets of construction plans (including site plans) must be submitted for review. Plans must include Appendix B - Building Summary & all mechanical, electrical, & plumbing. Incomplete plans will not be accepted. Allow at least 21 days for the initial review of plans.***

Signature (General Contractor)\_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

***If office space is included in Modular Unit please include the following:***

- Appendix B
- ADA Information