



## PV Systems

### Permit Application

Lincoln County Planning & Inspections Department

115 W Main Street Lincolnton, NC 28092

Office: (704) 732-0889 [ResidentialPermits@lincolncountync.gov](mailto:ResidentialPermits@lincolncountync.gov)

Parcel Id #:

OR

Permit #:

### APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

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

Land Owner's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### SITE INFORMATION

Address or Road where work is being done: \_\_\_\_\_

Describe Work Being Done: \_\_\_\_\_

**Check all boxes that apply to your job and complete all blanks that apply**

Residential  Commercial  Repair  New Work

**Electrical:**  elec. for heat pump or furnace  new Service  light & receptacles  
 service change out size \_\_\_\_\_ amps to \_\_\_\_\_ amps  meter base only  
 irrigation pump  fence/well service  wiring grinder pump  pool wiring  
 low voltage (security/fire/data)  **photovoltaic system**

**Plumbing:** **Water:**  well  city  county **Sewer:**  septic  city  county  
 fixtures  inside gas lines  outside gas lines **Fuel Type:**  Nat'l Gas  LP  
 sewer tap/water tap  water heater no piping  water heater new piping  
 irrigation backflow

**Grinder Pump Type:**  Myers  Barnes  Little Giant  Zoeller  Environment 1  
 Keen  Ebara  Liberty  Goulds  Franklin

**Mechanical:** **Fuel Type:**  Electrical  Natural Gas  LP  any electric work  
 new heat pump  heat pump change out  new/additional duct work  
 new furnace  furnace change out  inside gas lines  outside gas lines  
 water heater no piping  water heater new piping  fireplace install  
 AC Tonnage for Entire Building \_\_\_\_\_

**Building:**  re-roof  windows/Doors  siding  chimney  PV System

Total Sq Ft if applicable: \_\_\_\_\_ Total project cost: \_\_\_\_\_

### CONTRACTOR INFORMATION

Contractor: \_\_\_\_\_ NC Lic #: \_\_\_\_\_

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

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

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 correct to the best of my knowledge and that all work will comply with NC State Building Codes and local ordinances concerning the proposed use. **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 and documented on a yearly basis or the permit will expire. I further understand that any violations of the aforementioned regulations and/or ordinances will be grounds for revocation of any and all permits issued.

Signature (Qualifier for this license number)

Print Name

Date

Contractor  Owner

\*\*\* PLEASE NOTE: If the Qualifier of the Electrical and GC License is the same you may complete only one application. However if there are two different qualifiers then you will need to complete two different applications only marking which applies to each license.

Revised 9/29/2025

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 <input type="checkbox"/> ADDITION <input type="checkbox"/> GRADING <input type="checkbox"/> ACCESSORY BUILDING <input type="checkbox"/> DEMOLITION						PARCEL ID	PERMIT #	STAFF
OWNER _____			CONTRACTOR _____					
ADDRESS _____			ADDRESS _____					
CITY _____ STATE _____			CITY _____ STATE _____					
ZIP _____ PHONE _____			ZIP _____ PHONE _____					
<b>PROPERTY LOCATION</b> (Subdivision & Lot # or Address)								
<b>MANUFACTURED HOMES</b> 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"/>				<b>LIVING SPACE</b> 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				
<b>PRINCIPAL STRUCTURE</b> <b>PROPOSED / REQUIRED SETBACKS</b> FRONT _____ / _____ RIGHT SIDE _____ / _____ LEFT SIDE _____ / _____ REAR _____ / _____ WIDTH @ BUILDING LINE _____ HEIGHT _____ / _____ LOT SIZE _____				<b>ACCESSORY STRUCTURE</b> <b>PROPOSED / REQUIRED SETBACKS</b> 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 _____								
<b>SPECIAL FLOOD HAZARD AREA:</b> YES <input type="checkbox"/> NO <input type="checkbox"/> PANEL # 3710 _____ ZONE _____ Flood Admin. _____				<b>VOLUNTARY AGRICULTURAL DISTRICT</b> Is the subject property within 2000' of a Voluntary Agricultural District? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>STREAMSIDE BUFFER</b> Does the parcel lie within 50' of a stream? <input type="checkbox"/> YES <input type="checkbox"/> NO				<b>UTILITIES</b> <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				
<b>WATERSUPPLY WATERSHED</b> 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 _____				<b>Erosion &amp; Sediment Control Form</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>Lien Form</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <b>Owner Exemption Form</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <b>Site Plan</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>City Zoning</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				
<i>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 filed 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.</i>								
APPLICANT 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: \_\_\_\_\_