



**Retaining Wall
Permit Application**

Lincoln County Planning & Inspections Department
115 W Main Street Lincolnton, NC 28092

Office: (704) 732-0889 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)

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 **Retaining Wall**

(Must Include Site Map)

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

Revised 9/29/2025

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: _____

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)