



Extension Application

Lincoln County Building & Land Development
302 North Academy St., Lincolnton, NC 28092
Phone: (704) 736-8440 Fax: (704) 732-9010

Staff Use

PERMIT # _____

FINAL DATE _____

PART I

Applicant Name _____

Applicant Address _____

Applicant Phone Number _____

Property Owner's Name _____

Property Owner's Address _____

Property Owner's Phone Number _____

PART II

Property Location _____

Property ID # (12 digits) _____ Property Size _____

Parcel # (5 digits) _____ Deed Book(s) _____ Page(s) _____

PART III

Briefly describe what type of extension (i.e. underpinning/removal of mobile home) is needed.

This extension is only valid for 15 days (underpinning)/30 days (removal)
from the date of the final inspection. The Zoning Administrator will have to
approve the extension prior to final inspection.

I hereby certify that all of the information provided for this application and attachments is true and correct to the best of my knowledge.

Applicant _____

Date _____

Zoning Administrator _____

Date _____