

# PLANNING & INSPECTIONS DEPARTMENT

## Residential Building Permit Application Packet

### INFORMATION (STEPS) NEEDED TO OBTAIN A BUILDING PERMIT IN A RESIDENTIAL DISTRICT:

- A. A **pre-permit letter and a map** of property (this is needed to obtain the approval for your well/septic) is obtained in the Planning & Inspections Department and taken to **Environmental Health** (Same building 1ST Floor)
- B. If public utilities are being used; then you'll need to go to the City or County Public Works to pay for the taps; then submit a receipt to **Planning & Inspections** demonstrating that any applicable fees have been paid.
- C. Must have **Authorization to Construct** for well/septic from Environmental Health or a receipt from Public Works showing that fees have been paid/deferred. Plans **will not** be accepted for review without **Authorization to Construct** or Receipt.
- D. If the property is located within the city limits of Lincolnton or its ETJ, a **City Zoning Permit** must be obtained from City Zoning. Their office is located at 114 W. Sycamore St., Lincolnton, NC 28092. Their phone number is (704)736-8930. Plans **will not** be accepted for review without prior approval by City Zoning.
- E. Must have completed **Erosion & Sediment Control Application** with the property owner's signature and contractor's signature. The type of application needed depends on the amount of land being disturbed. For more information please contact **Natural Resources** at 704-736-8501. Plans will not be accepted for review without this form signed by both parties.
- F. A **Lien Agent Appointment** per North Carolina Session Law SL2012-158, prior to plans being submitted for review. Information of Lien Agent Appointment is available at [www.liensnc.com](http://www.liensnc.com). Plans **will not** be accepted without a Lien Agent Appointment.

G. The following forms must be completed:

- 1) **Residential Application**- must be filled out completely. If something does not apply please note **N/A** on that line.
- 2) Subcontractors need to pull a separate permit once your permit is obtained. The subcontractor will **use the same permit number**.
- 3) **Appendix D form**- this is an Affidavit for Workers Comp verifying coverage.
- 4) **Erosion & Sediment Control Application** signed by the owner and contractor.
- 5) **Zoning Permit Checklist**
- 6) **Affidavit for Licensure Exemption** for owners acting as General Contractor, please refer to the attached policy for owners acting as their own General Contractor.

H. A **complete set of plans** for the house you are building is required. These plans will be reviewed and stamped “JOB COPY” and must **be left on the job site** for the inspector to review. Inspections cannot be completed without the stamped set of plans on site. A Wasted Trip fee will be charged if plans are not on site for a scheduled inspection.

I. The above information is required to be submitted to Planning & Inspections to start the review process. The process for **review is approximately 5-7 business days**. The contact person will be called when the permit and plans are available to be picked up.

J. Payment is due when the permit is picked up: The following are acceptable forms of payment.

- 1) Building Permit: cash, credit card (Visa, Mastercard or Discover) or check payable to Lincoln County. If you have an established Charge Account with Planning & Inspections you may have the permit charged and a monthly statement will be mailed.)
- 2) Soil & Erosion: cash, credit card (Visa, Mastercard or Discover) or check payable to Lincoln County.

ONE AND TWO FAMILY DWELLINGS  
& RESIDENTIAL ACCESSORY STRUCTURES



LINCOLN COUNTY, NORTH CAROLINA  
ZONING PERMIT CHECKLIST

<input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> ADDITION	<input type="checkbox"/> TWO FAMILY <input type="checkbox"/> GRADING	<input type="checkbox"/> MANUFACTURED HOME <input type="checkbox"/> ACCESSORY BUILDING	<input type="checkbox"/> POOL <input type="checkbox"/> DEMOLITION	PARCEL ID _____	PERMIT # _____	STAFF _____
OWNER _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____			CONTRACTOR _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____			
<b>PROPERTY LOCATION</b> ( <i>Subdivision &amp; Lot # or Address</i> ) _____						
<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> <u>PROPOSED / REQUIRED SETBACKS</u> FRONT _____ / _____ RIGHT SIDE _____ / _____ LEFT SIDE _____ / _____ REAR _____ / _____ WIDTH @ BUILDING LINE _____ HEIGHT _____ / _____ LOT SIZE _____			<b>ACCESSORY STRUCTURE</b> <u>PROPOSED / REQUIRED SETBACKS</u> 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			
<b>Qualifier Signature</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <b>Workers Comp</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 _____			

Label Here



**Residential Building Permit Application**  
**Lincoln County Planning & Inspections Department**  
**115 W. Main St., Lincolnton, NC 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 #: \_\_\_\_\_

**SITE INFORMATION**

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

Subdivision Name: \_\_\_\_\_ Lot #: \_\_\_\_\_

**APPLICATION TYPE**

(check all that apply)

☐ New Construction ☐ Modular Home (on frame/off frame) ☐ Addition/Alteration/Renovation ☐ Other  
(explain below)

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

CONSTRUCTION COST for Structure (do not include cost of land): \_\_\_\_\_

**GENERAL CONTRACTOR**

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**\*\*\*Subcontractor's must pull and pay for separate permit for each trade\*\*\***

**STRUCTURE INFORMATION**

*\* Any lots created after June 30, 2001 must observe a 50' setback from the 760' elevation (Catawba River Riparian Buffer Rules)*

Total Sq. Ft.: \_\_\_\_\_ Heated Sq. Ft.: \_\_\_\_\_ Unheated Sq. Ft. \_\_\_\_\_

☐ Carport ☐ Attached Garage ☐ Basement (FINISHED/UNFINISHED) ☐ Porch ☐ Deck(s)

# of stories: \_\_\_\_\_ # of Bedrooms \_\_\_\_\_ Total # of Baths: \_\_\_\_\_ # Future Baths \_\_\_\_\_

Foundation: ☐ Basement ☐ Crawl ☐ Slab Heat Type: ☐ Electric ☐ LP ☐ Nat'l Gas

# of Fireplaces: \_\_\_\_\_ Building Height: \_\_\_\_\_

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

Sewer Supply: ☐ Septic ☐ Gravity ☐ Lift Pump County Sewer: ☐ Gravity ☐ Pressure ☐ Lift Pump

(continued on reverse side)

Property located in Voluntary Agricultural District:

- ☐ NO  
☐ YES

I have reviewed the most current Lincoln County Agricultural Districting Map found at the Register of Deeds Office or Planning & Inspections. I understand that activities such as pesticide spraying, manure spreading, machinery operations, livestock operations, logging and other common farming and forestry activities may occur at any time in these areas.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Capacity Fee Deferment Statement

*For those connecting to **public water and/or sewer**, please sign and date after have you have carefully read the following agreement*

I, \_\_\_\_\_, understand that the capacity fees for water and/or sewer are being deferred and can be paid at any time until the final inspection is scheduled on the improvements permitted herein. I also understand that the final inspection will not be scheduled until the fees are paid and that it is my responsibility to pay the fees without further notice from the County. I also understand that the capacity fee to be paid will be the amount in effect at the time the building permit was issued.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **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 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.**

**I certify that I have read the statement above and 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 also understand that it is my responsibility to meet all zoning setbacks and restrictions. I have completed a zoning site plan for this application.**

Signature: \_\_\_\_\_

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

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#### 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 HIM/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.NCDOI.COM](http://WWW.NCDOI.COM) AND GENERAL STATUTES ARE AVAILABLE AT [WWW.NCLEG.NET](http://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 CONCERNS 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: \_\_\_\_\_

# 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**

<b>L O C A T I O N / T Y P E</b>	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						 
<b>A P P R O A C H</b>	<b>Choose one of the following:</b>  <input type="checkbox"/> The most appropriate option from the back of this notice is option _____ or a combination of options _____ & _____.  <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.  <input type="checkbox"/> The sediment control is as drawn in the space to the right.  <input type="checkbox"/> Sediment Control— See attached		<b>Erosion Control Measures</b> (include vicinity sketch and north arrow)  <div style="border: 1px solid black; height: 200px; width: 100%;"></div>  (no scale)				
<b>A P P L I C A N T</b>	<p style="background-color: yellow;">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 GROUND COVER. I UNDERSTAND THAT NOT FOLLOWING THESE ORDINANCE GUIDELINES WILL RESULT IN POTENTIAL FINES AND/OR HOLDING UP OF BUILDING INSPECTIONS ON THIS PROJECT.</p> <div style="display: flex; justify-content: space-between;"> <div>PRINT OWNER'S NAME _____</div> <div>TELEPHONE _____</div> <div>OWNER'S SIGNATURE _____</div> <div>DATE _____</div> </div> <div>OWNER'S PRINTED MAILING ADDRESS _____</div> <div>OWNER'S E-MAIL ADDRESS _____</div> <div style="display: flex; justify-content: space-between;"> <div>PRINT BUILDER'S NAME _____</div> <div>TELEPHONE _____</div> <div>BUILDER'S SIGNATURE _____</div> <div>DATE _____</div> </div> <div>BUILDER'S PRINTED MAILING ADDRESS _____</div> <div>BUILDER'S E-MAIL ADDRESS _____</div>						

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

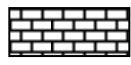
LEGEND

**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.

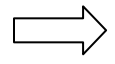
**Silt Fence:**



**Construction Entrance:**



**Direction of Flow:**

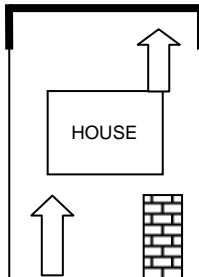


#### Construction Sequence:

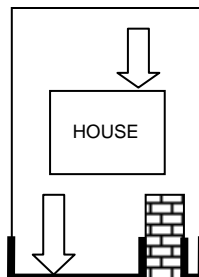
1. Install construction entrance; 2. Install silt fence; 3. Rough grade site; 4. Final grade site; 5. Stabilize site; 6. Remove erosion control measures after site has been inspected for compliance by the Natural Resource Department.

EROSION CONTROL OPTIONS

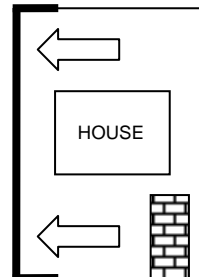
Flow to the Rear  
OPTION A



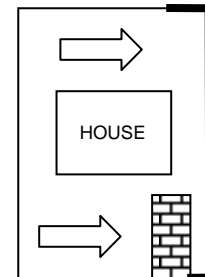
Flow to the Front  
OPTION B



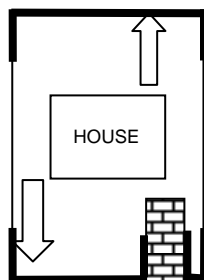
Flow to the Left  
OPTION C



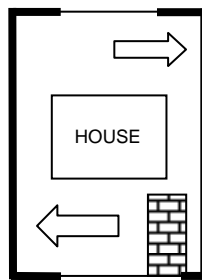
Flow to the Right  
OPTION D



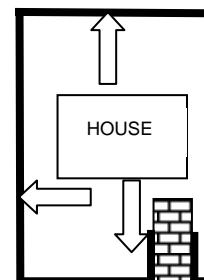
Flow to the Front & Rear  
OPTION E



Flow to the Left & Right  
OPTION F

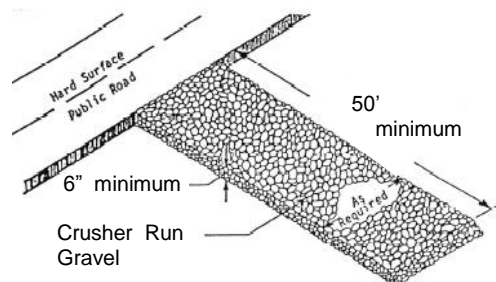


#### EXAMPLE



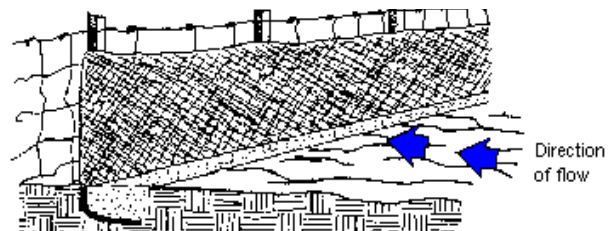
Combination  
C & E

### Construction Examples



If wetness is a problem geotextile fabric will be required

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'



36" fabric **buried** 12 inches in a 4" wide x 8" deep trench and backfilled with compacted soil



# County Of Lincoln, North Carolina

Planning & Inspections Department

1-16-2013

## **Policy for property owners acting as their own**

### **General Contractor**

To verify compliance with NC general statutes and the rules of the NC general contractors licensing board, the following are required in order to issue a permit that the value of work is \$40,000 or greater to the property owner to act as the general contractor. This applies to both residential and commercial projects

- The deed of record for the property must be in the owner's name. If the deed is in the name of a corporation then supporting documentation must be provided to show the corporation is owned solely by the same person or jointly with their spouse. A copy of the deed may be required if a discrepancy occurs with the information located on the databases available to the permitting clerk and the applicant for the permit.
- The owner must own and occupy the structure for a period of one year. It cannot be rented, sold or leased for a minimum of one year after the date of the certificate of occupancy was issued.
- All other laws and regulations from all agencies having jurisdiction must be followed for every project. (i.e. An affidavit is required for residential permits that has to be sent to the NC general contractors board)



STATE OF NORTH CAROLINA

OWNER EXEMPTION AFFIDAVIT  
PURSUANT TO G.S. 87-14 (a) (1)

COUNTY OF LINCOLN

Lincoln County Planning & Inspections Department

Parcel Identification Number and address where the building is to be constructed: PIN \_\_\_\_\_

Address \_\_\_\_\_

Type of construction: ☐ Residential ☐ Commercial ☐ Industrial ☐ Other

Intended use after completion (e.g. Personal residence): \_\_\_\_\_

Building permit number associated with this application: \_\_\_\_\_

I, \_\_\_\_\_ (Print Full Name) (\_\_\_\_\_) (Phone Number)

hereby claim exemption from licensure under G.S. 87-1(b)(2) by **initialing** the relevant provision in paragraph 1 and **initialing** paragraphs 2-5 below attesting to the following:

1. \_\_\_\_\_ I certify I am the owner of the property set forth above on which a building is to be constructed or altered and for which application for a building permit is hereby made;  
OR  
\_\_\_\_\_ I am legally authorized to act on behalf of the firm or corporation that is constructing or altering this building on the property owned by the firm or corporation as set forth above:

\_\_\_\_\_  
(Name of Firm or Corporation)

2. \_\_\_\_\_ I will personally superintend and manage all aspects of the construction or alteration of the building and that duty will not be delegated to any person not duly licensed under the terms of Article 1, Chapter 87 of the General Statutes of North Carolina.
3. \_\_\_\_\_ I will be on site regularly during construction and I will be personally present for all inspections required by the North Carolina State Building Code, unless the plans for the construction or alteration of the building were drawn and sealed by an architect licensed pursuant to Chapter 83A of the General Statutes of North Carolina.
4. \_\_\_\_\_ I understand that by executing this licensing exemption AFFIDAVIT pursuant to G.S. 87-1(b)(2), I am required by law to occupy the building for which the licensing exemption is granted for twelve months after completion, during which time it may not be offered for rent, lease or sale.
5. \_\_\_\_\_ I understand a copy of this AFFIDAVIT will be transmitted to the North Carolina Licensing Board for General Contractors for verification I am validly entitled to claim an exemption under G.S. 87-1(b)(2) for the building construction or alteration specified herein. I further understand if the North Carolina Licensing Board for General Contractors determines I am not entitled to claim this exemption the building permit issued for the construction or alteration specified herein shall be revoked pursuant to G.S 160D-1115.

\_\_\_\_\_  
(Signature of Affiant) (Date)

Sworn or affirmed and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public)

(Notary Stamp or Seal)

\_\_\_\_\_  
(Printed Name of Notary Public)

(NOTE: It is a class F felony to willfully commit perjury in any affidavit taken pursuant to NC G.S. 14-209)

**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: \_\_\_\_\_

**\*\*\* MUST Be Signed By Property Owner \*\*\***

**LINCOLN COUNTY  
VOLUNTARY AGRICULTURAL DISTRICT  
BUILDING PERMIT REGISTRATION**

I have reviewed the most current Lincoln County Agricultural Districting Map found at the Register of Deeds Office or Building & Land Development. I understand that activities such as pesticide spraying, manure spreading, machinery operations, livestock operations, logging and other common farming and forestry activities may occur at any time in these areas.

Location of Property (Parcel ID, Subdivision or Address):

\_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: Lincoln Soil & Water Conservation District  
115 West Main Street, Citizens Center  
Lincolnton, N.C. 28092