

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	<u>PARCEL ID</u>	<u>PERMIT #</u>	<u>STAFF</u>
<input type="checkbox"/> ADDITION	<input type="checkbox"/> GRADING	<input type="checkbox"/> ACCESSORY BUILDING	<input type="checkbox"/> DEMOLITION			
OWNER _____			CONTRACTOR _____			
ADDRESS _____			ADDRESS _____			
CITY _____ STATE _____			CITY _____ STATE _____			
ZIP _____ PHONE _____			ZIP _____ PHONE _____			
PROPERTY LOCATION (Subdivision & Lot # or Address)						
MANUFACTURED HOMES				LIVING SPACE		
Currently set up in Lincoln County? <input type="checkbox"/> YES <input type="checkbox"/> NO				Will the accessory structure have a bedroom? <input type="checkbox"/> YES <input type="checkbox"/> NO		
MANUFACTURER _____				Will the accessory structure have a range? <input type="checkbox"/> YES <input type="checkbox"/> NO		
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"/>						
PRINCIPAL STRUCTURE				ACCESSORY STRUCTURE		
PROPOSED / REQUIRED SETBACKS				PROPOSED / REQUIRED SETBACKS		
FRONT _____ / _____				SIZE _____ / _____ EXISTING _____		
RIGHT SIDE _____ / _____				FRONT _____ / _____ PROPOSED _____		
LEFT SIDE _____ / _____				RIGHT SIDE _____ / _____ TOTAL _____		
REAR _____ / _____				LEFT SIDE _____ / _____ MAXIMUM _____		
WIDTH @ BUILDING LINE _____				REAR _____ / _____		
HEIGHT _____ / _____				HEIGHT _____ / _____		
LOT SIZE _____				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 _____						
SPECIAL FLOOD HAZARD AREA: YES <input type="checkbox"/> NO <input type="checkbox"/>				VOLUNTARY AGRICULTURAL DISTRICT		
PANEL # 3710 _____ ZONE _____ Flood Admin. _____				Is the subject property within 2000' of a Voluntary Agricultural District? <input type="checkbox"/> YES <input type="checkbox"/> NO		
STREAMSIDE BUFFER Does the parcel lie within 50' of a stream? <input type="checkbox"/> YES <input type="checkbox"/> NO				UTILITIES <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		
WATERSUPPLY WATERSHED 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 _____ Qualifier Signature <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A Workers Comp <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				Erosion & Sediment Control Form <input type="checkbox"/> YES <input type="checkbox"/> NO Lien Form <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A Owner Exemption Form <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A Site Plan <input type="checkbox"/> YES <input type="checkbox"/> NO City Zoning <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
<p>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.</p>						
APPLICANT SIGNATURE				DATE		
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>Label Here</p> </div>						