

Lincoln County  
Planning &  
Inspections  
Department



Residential Building  
Permit Application  
11/17/2008

**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 Building and Land Development department and taken to Environmental Health (Same Building 1<sup>ST</sup> 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 B&LD** demonstrating that the fees have been paid for in the City or County.
- C. Must have the approval for well/septic from Environmental Health or a receipt showing the water & sewer tap fees have been paid. One or the other is required before a permit will be issued. ( **If in the city, a City Zoning Permit is required**)
- D. Must have a **completed application for Soil and Erosion** turned in at the same time as the building permit application. (The application needed depends on the amount of land you are disturbing) Applications are in the Building and Land Dev. Office.
- E. **Must fill out Residential Building Permit application** packet which includes:
- **Residential Application-** must be filled out completely. If something does not apply please note N/A on that line. Subcontractors need to pull a separate permit once your permit is obtained. The subcontractor will **use the same permit number.**
  - **Residential Information Sheet-** this is to **verify** that the residential plans you are submitting will have certain items that the plans reviewer will be looking for and to give a **contact persons name** so the inspector can reach someone if he needs to when he is at the job site
  - **Appendix D form-** this is an Affidavit for Workers Comp verifying coverage.
- F. A **complete set of plans** for the house you are building is required. These plans will be reviewed and stamped "job copy" and should be **left on the job site** for the inspector to review.
- G. The above information is required to be submitted to Building and Land Development office to start the review process. The process for **review is approximately 3 business days.** The contact person will be called when the permit and plans are available to be picked up.
- H. Payment is due when you pick up your permit : (Make Checks to Lincoln County)
- 1 check made to Lincoln County for building permit
  - 1 check made to Lincoln County for soil/erosion fees

If you have any questions please contact our office during normal business hours  
8-5 M-F: 704-736-8724 or 704-736-8440 or Fax 704-732-9010

**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	
	<p>Size of lot: _____ (sq ft or acres)</p> <p>Amount of lot to be disturbed: _____ (sq ft or acres)</p> <p>Anticipated starting date of construction: _____</p> <p>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 _____</p> <p>Structure Type: SFD <input type="checkbox"/> MODH <input type="checkbox"/> MFSW <input type="checkbox"/> MFDW <input type="checkbox"/> ADD/ALT <input type="checkbox"/> ACC BLDG <input type="checkbox"/></p>							
<b>A P P R O A C H</b>	<p><b>Choose one of the following:</b></p> <p><input type="checkbox"/> The most appropriate option from the back of this notice is option _____ or a combination of options _____ &amp; _____.</p> <p><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.</p> <p><input type="checkbox"/> The sediment control is as drawn in the space to the right.</p> <p><input type="checkbox"/> Sediment Control— See attached</p>			<p><b>Erosion Control Measures</b> (include vicinity sketch and north arrow)</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> <p align="center">(no scale)</p>				
	<b>A P P L I C A N T</b>	<p><b>Choose Site Stabilization:</b></p> <p><input type="checkbox"/> Establish Tall Fescue: Planting dates – Feb 1 – Apr 15/Aug 20 – Oct 25; Seed: 2 lbs/1000ft<sup>2</sup>; Lime: 92 lbs/1000 ft<sup>2</sup>; Fertilizer (10-10-10) 23 lbs/1000 ft<sup>2</sup>; Mulch: 92 lbs/1000 ft<sup>2</sup> (3 bales/1000/ft<sup>2</sup>).</p> <p><input type="checkbox"/> Other – specify: _____</p> <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 FOR THIS LOT UNTIL COMPLETELY STABILIZED. I UNDERSTAND THAT NOT FOLLOWING THESE ORDINANCE GUIDELINES WILL RESULT IN POTENTIAL FINES AND/OR HOLDING UP OF BUILDING INSPECTIONS ON THIS PROJECT.</p>						
PRINT OWNER'S / APPLICANT'S NAME		TELEPHONE		OWNER'S / APPLICANT'S SIGNATURE		DATE		
OWNER'S / APPLICANT'S PRINTED ADDRESS								
PRINT BUILDER'S NAME		TELEPHONE		BUILDER'S SIGNATURE		DATE		
BUILDER'S PRINTED ADDRESS								



# EROSION CONTROL OPTIONS FOR LOT CONSTRUCTION

The Soil Erosion and Sedimentation Control Ordinance requires that anyone conducting 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

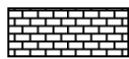
LEGEND

**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.

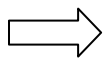
**Silt Fence:**



**Construction Entrance:**



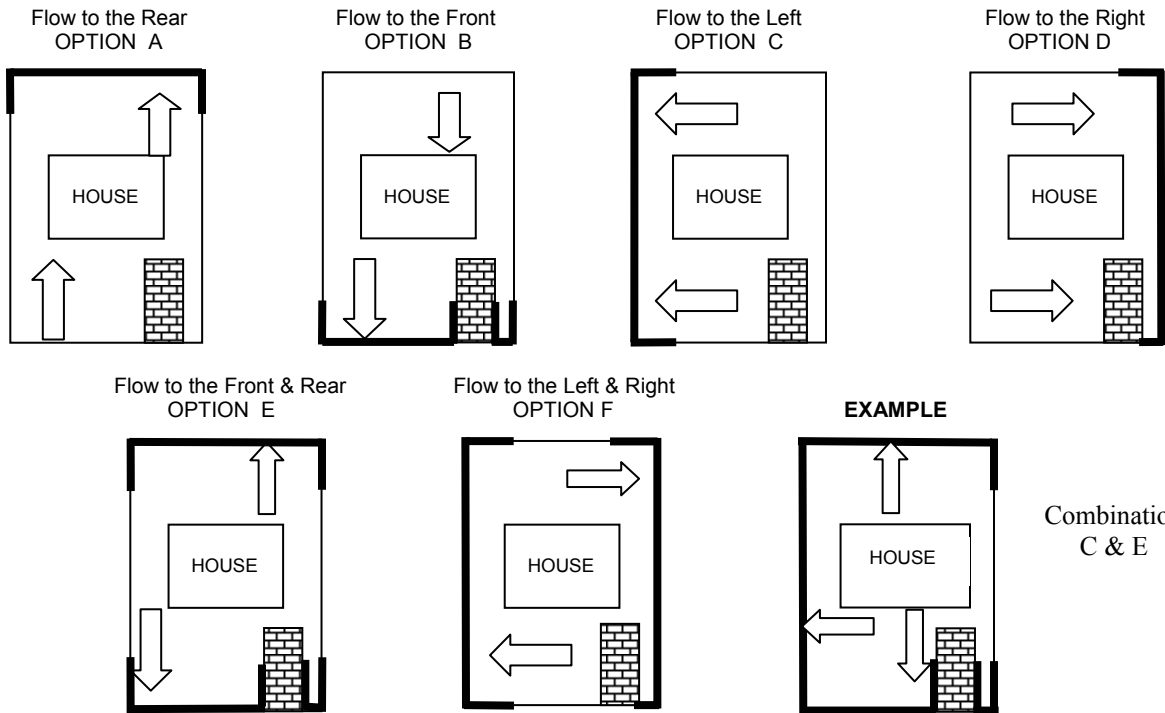
**Direction of Flow:**



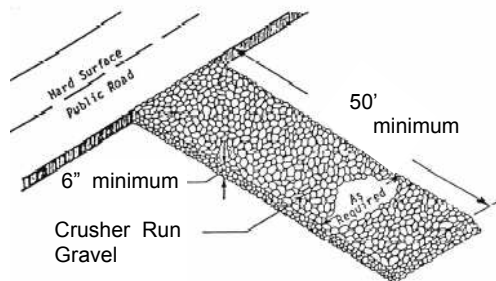
**Construction Sequence:**

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



### Construction Examples



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



**Residential Building Permit Application**  
**Lincoln County Planning & Inspections Department**  
**302 N. Academy Street, Suite A, Lincolnton, N.C. 28092**  
**Phone: (704) 736-8724 Fax: (704) 732-9010**

<u>Parcel Id #:</u> _____
<u>Permit #:</u> _____

**APPLICANT INFORMATION** \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Land Owner's Name (if not same) \_\_\_\_\_ Phone #: \_\_\_\_\_

**SITE INFORMATION** \_\_\_\_\_

Address where structure is to be located: \_\_\_\_\_  
 Subdivision Name: \_\_\_\_\_ lot #: \_\_\_\_\_

**APPLICATION TYPE** \_\_\_\_\_

**Description of Work (check all that apply)\***

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

Comments: \_\_\_\_\_

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

*\* Any lots created after June 30, 2001 must observe a 50' setback from the 760' elevation (per Watershed Ordinance)*

**GENERAL CONTRACTOR** \_\_\_\_\_

Name (from License): \_\_\_\_\_ License #: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

**STRUCTURE INFORMATION** \_\_\_\_\_

**Directions to Property (from Planning & Inspections Department office):**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2006 CODE    2009 CODE -PLEASE CIRCLE ONE**

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

# of Fireplaces: \_\_\_\_\_ Heat Type:  Elec    LP    Nat'l Gas    Building Height: \_\_\_\_\_ R-O-W \_\_\_\_\_

**Existing use of lot/tract:** \_\_\_\_\_ **Proposed use of land:** \_\_\_\_\_ **Acreage of lot/tract:** \_\_\_\_\_

**Water Supply:**     Well     City Water     County Water – Fees Paid: Tap    Availability (circle)

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

**METHOD OF PAYMENT** \_\_\_\_\_

Cash    Check # \_\_\_\_\_    Charge Account (active, non-delinquent account holders only.) ♦♦

\_\_\_\_\_

♦♦ To use this option, this application must be signed by the account holder or authorized representative.

**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 NC State & local building codes, zoning and watershed ordinances 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 6 (six) months from the date of issuance if work has not begun on the job. 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 zoning 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 (owner/contractor): \_\_\_\_\_

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

(circle one)

**Owner**

**General Contractor**

**Surety Bond**

exp.date: \_\_\_\_\_

**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 \$29,999.99 (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 AND GENERAL STATUTES ARE AVAILABLE AT THE DEPT. OF INSURANCE @ 1-919-733-3901, 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: \_\_\_\_\_

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

Property located in Voluntary Agricultural District: (STAFF USE ONLY)

NO

YES

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: \_\_\_\_\_

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