

CITY OF LINCOLNTON
Storage Building Permit Application

Date: _____

Project Address: _____

Property Owner: _____

Contractor/Applicant: _____ Phone #: _____

Contractor/Applicant Address: _____

Email address: _____

Georgia State Contractor License: _____ Expire: _____

Value of Construction: _____

Anticipated Job Completion Date: _____

Wired (\$70 fee) _____ Non-Wired (\$35) _____

I certify that I have read and examined this application and know the same to be true and correct. I understand that the issuance of a permit does not waive the provision of any state or local law regulating construction or the performance of construction. I agree to call for all inspections required by the City of Lincolnton, and allow the City of Lincolnton Building Official or other City Representative entry to this property for any inspections pertaining to construction, safety, or health. I agree to pay for any reinspection fees and mileage.

Requester's Signature: _____ Date: _____

*******For Internal Use*******

Permit Fee Paid: _____ Map/Parcel _____

Issued by: _____

Date: _____

Permit #: _____

Code Enforcement Approval:

Larry Goolsby

Date

**City of Lincolnton
Storage Building Setback Requirements**

Diagram:

Back Line: Minimum 20'
Side Line: Minimum 20'
Other Structures: Minimum 5'
Front Line/Road: Pending Road Type