



# City of Lowell

101 W. First St.  
Lowell, NC 28098  
704-824-3518

<b>Application Number</b>

Owner Information	Applicant Information
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____

Project Physical Address
Address: _____
Directions: _____
_____

Permit Type		Property Details	
<input type="checkbox"/> Single Family Dwelling/ Modular	<input type="checkbox"/> Accessory Bldg. / Pool	<b>PID#</b>	_____
<input type="checkbox"/> _____	<input type="checkbox"/> Addition	<b>Zoning</b>	_____
<input type="checkbox"/> Townhome	<input type="checkbox"/> Remodel	<b>Flood Plain</b>	<input type="checkbox"/> Y or <input type="checkbox"/> N
<input type="checkbox"/> Duplex	<input type="checkbox"/> Change of Use	<b>Watershed</b>	<input type="checkbox"/> Y or <input type="checkbox"/> N
<input type="checkbox"/> Manufactured Home	<input type="checkbox"/> Commercial/ Industrial	<b>Downtown Fire District</b>	<input type="checkbox"/> Y or <input type="checkbox"/> N

Comments/ Description – (Please describe work in detail below.)
_____
_____
_____

Principle Structure	Accessory Structure	Manufactured Home	Sign Restrictions
<b>Proposed Setbacks:</b>	<b>Proposed Setbacks:</b>	<b>Proposed Details:</b>	<b>Proposed Details:</b>
Front _____	Front _____	Color _____	Type _____
Rear _____	Rear _____	Size _____	# of Signs _____
Left Side _____	Left Side _____	Year _____	Area _____
Right Side _____	Right Side _____	MFG _____	Illumination _____
Width @ Building Line _____	Size _____		
Height _____	Use _____		
Lot Size _____			

Utilities
<input type="checkbox"/> Septic <input type="checkbox"/> Well <input type="checkbox"/> Comm. Septic <input type="checkbox"/> Comm. Well <input type="checkbox"/> City Sewer <input type="checkbox"/> City Water

*I, the undersigned, hereby certify that I am the owner or authorized agent and will comply with all applicable laws regulating the work being permitted. I have also received a copy of this document and understand it is my responsibility to inform the City of Lowell of any changes that are made to the work that is outlined in this permit. I further understand that all inspection requests area to be made by me or my agent. Lastly, I understand that this permit will become null and void in 6 months (180 days) from the date issued if work on the project has not started.*

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Owner/Contractor