



TREE DISTURBANCE PERMIT

315 Stallings Road
Stallings, NC 28104
704-821-8557
Fax 704-821-6841

Date Filed: _____

Subdivision Information

Project Name: _____

Developer: _____

Phone: _____ Email: _____

Address or Location: _____

Parcel ID #: _____

Watershed: _____

Zoning: _____ Rezoning/SUP Case #: _____

Total Disturbed Acres: _____

Special Conditions: _____

Required documents

Erosion Control Permit
(NCDEQ)

Tree Protection Plan

NCDOT Driveway Permit

All Conditions Read and Accepted:

Signature (Owner or Owner Representative): _____ Date: _____

Printed Name and Title: _____

Phone: _____ Email: _____

Mailing Address (if different than above): _____

Permit approval is subject to inspection of tree protection measures. Please contact the Town of Stallings Engineering department to schedule an inspection

Permit Approval:
(Town Engineer) _____