



**PLANNING & ZONING DEPARTMENT  
TOWN OF STALLINGS  
315 STALLINGS ROAD  
STALLINGS, NC 28104  
704-821-8557**

APPLICATION INFORMATION	
Date Filed:	
Application #:	
Fee Paid:	

## SPECIAL USE PERMIT APPLICATION

\*Please reference the Fee Schedule for cost.

Property Information			
Property Owner(s):			
Address/Location:			
Parcel #:			
Applicant Name (if different from owner):			
Phone:		Email:	

\*Please review Article 7.7 of the Stallings Development Ordinance for Site Development Plan requirements.

### Special Use Permit Description

Description of the Special Use requested:

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**\*Disclaimer:** All zoning applications are public records and by providing the above information, you agree that said information can be released to the public by request.

**Owner/Applicant Statement:**

I hereby certify that all information provided in this application is accurate to the best of my knowledge, and I acknowledge compliance with all requirements of the Town of Stallings Ordinances.

Signature of Owner:

Date:

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Signature of Applicant:

Date:

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Signature of Zoning Official:

Date:

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## **Statement of Justification**

**The use or development is located, designed, and proposed to be operated so as to maintain or promote public health, safety, and general welfare:**

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**The use or development complies with all required regulations and standards of this Ordinance and with all other applicable regulations:**

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**The use or development is located, designed, and proposed to be operated so as not to substantially injure the value of adjoining or abutting property, or that the use or development is a public necessity:**

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**The use or development will be in harmony with the area in which it is to be located and conforms to the general plans for the land use and development of the Town of Stallings and its environs:**

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