

APPLICATION INFORMATION				
Date Filed:				
Application #:				
Fee Paid:				

REZONING APPLICATION

*Please reference the Fee Schedule for cost.

Zoning Information								
Current Zoning (Circle One)	AG	SFR-1	SFR-2	SFR-3	SFR-MH	MF	т тс	CIV
	MU-1	MU-2	C-74	CP-485	VSR	BC	IND	CZ
Proposed Zoning (Circle One)	AG	SFR-1	SFR-2	SFR-3	SFR-MH	MF	г тс	CIV
	MU-1	MU-2	C-74	CP-485	VSR	BC	IND	
Conditional Zoning	Yes	No						

^{*}Please review Article 5 of the Stallings Development Ordinance for requirements on map amendment/rezoning submittals.

	Property In	formation	
Physical Property Address:			
Description of Rezoning:			
Parcel #:		Гotal Acreage:	
Property Owner(s):			
Owner(s) Address (if different from submittal address):			
Phone:		Email:	
If applicant is different than	ı owner:		
Applicant Name:			
Applicant Address:			
Applicant Phone:		Applicant Email:	

^{*}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.

To the Planning Board and Town Council of Stallings, NC,

I (we), the undersigned, do hereby respectfully make an application and request the Planning Board and Town Council to amend the zoning map of the Town of Stallings.

Signature (Owner or Owner Representative):	Date:
Signature of Zoning Official:	Date: