



# Special Event & Temporary Structure Permit

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

Date Filed: \_\_\_\_\_ Application Number: \_\_\_\_\_

### Property Information

Property Owner Name: \_\_\_\_\_

Address or Location: \_\_\_\_\_

Parcel ID #: \_\_\_\_\_

Applicant Name (if different from Property Owner): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please review sections 15.2 and 15.3 of the Town of Stallings Development Ordinance before completing

1. Type of special event and/ or temporary structure: \_\_\_\_\_

2. Duration of special event and/ or temporary structure (days or hours): \_\_\_\_\_

3. Will a Market, Tailgate - Fresh Foods and/ or Food Trucks will be present? \_\_\_\_\_

4. Adjacent property owners and their consent and knowledge of the event is required: \_\_\_\_\_

5. Proposed temporary structures in relation to the property lines and the permanent structure (if applicable): \_\_\_\_\_

For the following questions please answer yes or no:

- |   |     |    |
|---|-----|----|
| • Is this event a yard sale?  | Yes | No |
| • Will a shipping container or POD be present?                      | Yes | No |
| • Will this event have any temporary structures?                    | Yes | No |
| • Is this event a model home or real estate sales office?           | Yes | No |
| • Is this use for a Temporary portable office?                      | Yes | No |
| • Will there be adequate parking for this event at the event sight? | Yes | No |

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Zoning Official: \_\_\_\_\_ Date: \_\_\_\_\_