



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

APPLICATION INFORMATION	
Date Filed:	
Application #:	
Fee Paid:	

# USE PERMIT

\*Please reference the Fee Schedule for cost.

Permit Type	
<input type="checkbox"/> Permanent Use Permit	<input type="checkbox"/> Temporary Use Permit

\*Please review Article 8 - Table of Uses and Article 15 of the Stallings Development Ordinance for uses by zoning district and Temporary Use requirements, respectively.

Applicant Information			
Applicant Name:			
Applicant Address:			
Phone:		Email:	

Business Information			
Business Name:			
Business Description:			
Business Address:			
Parcel #:		Zoning:	
Subdivision:			
If temporary use:			
Start Date:		End Date:	
Company/Contractor:			
Company Phone:		Company 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.

**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 (Owner or Owner Representative):

Date:

Signature of Zoning Official:

Date:

Approved

Denied