

APPLICATION INFORMATION			
Date Filed:			
Application #:			
Fee Paid:			

## SPECIAL EVENT & TEMPORARY STRUCTURE PERMIT

\*Please reference the Fee Schedule for cost.

	Property	Information			
Property Owner(s):					
Address/Location:					
Parcel #:					
Applicant Name (if different from owner):					
Phone:		Email:			
information can be release	upplications are public records ed to the public by request.  2 and 15.3 of the Stallings De				
1. Type of special event	and/or temporary structure:				
2. Duration of special ev	ent and/or temporary structu	ıre (days or ho	ours):		
3. Will a Market, Tailgat	e - Fresh Foods and/or Food T	rucks be pres	ent?		
4. Adjacent property ov	vners and their consent and k	nowledge of t	he event is req	ıuired:	
5. Proposed temporary	structures in relation to the pr	operty lines a	and the permai	nent structure	(if applicable):
		1			11
For the following questi	ons please answer yes or no:				
• Is this event a y	ard sale?			□ Yes	□ No
Will a shipping	container or POD be present?	•		□ Yes	□ No
• Will this event	have any temporary structure	es?		□ Yes	□ No
• Is this event a m	nodel home or real estate sales	office?		□ Yes	□ No
• Is this use for a	Temporary portable office?			□ Yes	□ No
Will there be ac	dequate parking for this event	at the event	sight?	□ Yes	□ No

## 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:
	<b>D</b> .
Signature of Applicant:	Date:
Signature of Zoning Official:	Date: