



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

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	MFT	TC	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	MFT	TC	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 Information			
Physical Property Address:			
Description of Rezoning:			
Parcel #:		Total Acreage:	
Property Owner(s):			
Owner(s) Address (if different from submittal address):			
Phone:		Email:	
If applicant is different than 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.

**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: \_\_\_\_\_