



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

APPLICATION INFORMATION	
Date Filed:	
Application #:	
Fee Paid:	

## PLAN REVIEW APPLICATION

\*Please reference the Fee Schedule for cost.

Subdivision Information			
Type of Development:	<input type="radio"/> Commercial	<input type="radio"/> Residential	<input type="radio"/> Mixed
Type of Review:	<input type="radio"/> Major Subdivision		<input type="radio"/> Minor Subdivision
Submittal Type:	<input type="radio"/> Concept Plan	<input type="radio"/> Construction Docs (Major only)	<input type="radio"/> Final Plat
Project Name:			
Address/Location:			
Parcel #:			
Project Description:			
Watershed:			
Zoning:			Rezoning/SUP # (if applicable):
No. of Lots:	Total Acres:	Floodplain? Yes/No	
Total Disturbed Sq Ft:	Impervious Surface Sq Ft:		

\*Please review Article 7.7 of the Stallings Development Ordinance for requirements on plan submittals.

Property Owner Information	
Property Owner Name:	
Address or Location:	
Phone:	
Email:	
If applicant is different than owner:	
Applicant Name:	
Phone:	
Email:	

**\*Disclaimer:** When a concept plan application is received it will be reviewed for completeness. Once it has been deemed complete it will be stamped accepted for review. An accepted Concept Plan does not constitute approval of plans for permitting.

Certified Engineer/Architect/Surveyor Information	
Name & Firm:	
Address:	
Phone:	
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: