

ZONING VERIFICATION LETTER

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

Date Filed:	Fee Paid:
*Please re	ference the Fee Schedule for cost.
	Property Information
Property Owner Name:	
Address or Location:	
Parcel ID #:	
Applicant Name:	
Phone:	Email:

Please include any requested information as an attachment to this application. The fee for this request may be paid either online or by a check made out to the Town of Stallings.