



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

APPLICATION INFORMATION	
Date Filed:	
Application #:	
Fee Paid:	

## VESTED RIGHTS ZONING PERMIT

\*Please reference the Fee Schedule for cost.

Permit Type	
<input type="checkbox"/> Major Subdivision	<input type="checkbox"/> Minor Subdivision

Property Information			
Property Owner(s):			
Phone:		Email:	
Address/Location:			
Parcel #:			
Applicant Name (if different from owner):			
Phone:		Email:	
Description of Project:			

*\*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.*

**In no case shall there be an extension of the twenty-four (24) month time period for which the development is vested.** \*Please review Article 7.13 of the Stallings Development Ordinance for further information pertaining to vested rights.

All listed below are required:

1. Attended the Pre-Application Conference with the Development Administrator.
2. Emailed or sent letter to the Development Administrator stating that they are interested in obtaining vested rights.
3. Attached a site plan.  
*(Refer to Article 7.7 of the Stallings Development Ordinance for Site Development Plan requirements and Article 7.11 for Subdivision Plat requirements)*
4. Staff has reviewed the application and the accompanying Site Development Plan(s)
5. The permit was deemed to be granted by the Stallings Town Council during a public hearing.
6. Check if Council required any additional conditions to the site development plan.

**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:

Signature of Applicant:

Date:

Signature of Zoning Official:

Date:

Approved

Denied