



Town of  
**Stallings**

315 Stallings Road ▪ Stallings, North Carolina 28104

**Demolition Permit** Fee \$50

Date: \_\_\_\_\_ Zoning Compliance/Application Number: \_\_\_\_\_

**Applicant:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Address of Property (if different from applicant): \_\_\_\_\_

**Property Owner (if different from applicant):**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Contractor:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

State License #: \_\_\_\_\_ Town of Stallings Privilege License Paid? Yes \_\_\_ No \_\_\_

Mailing Address: \_\_\_\_\_

**Description of Property:**

Tax Map ID#/ Pin #: \_\_\_\_\_ Is property within 100-year floodplain? Yes \_\_\_ No \_\_\_

**Lot Dimensions (as apply):**

**Structure Dimension:**

Length \_\_\_\_\_  
Width \_\_\_\_\_  
Area \_\_\_\_\_  
Frontage from Right of Way \_\_\_\_\_  
Is this a corner lot? \_\_\_\_\_

Length \_\_\_\_\_  
Width \_\_\_\_\_  
Height \_\_\_\_\_  
Principal Structure \_\_\_\_\_  
Accessory Structure \_\_\_\_\_

**Type of use:**

**Utility Service:**

**Is the structure in the Right of Way:**

\_\_\_ Single Family Residential  
\_\_\_ Multi Family Residential  
\_\_\_ Commercial  
\_\_\_ Industrial  
\_\_\_ Accessory  
\_\_\_ Institutional

\_\_\_ County Water  
\_\_\_ County Sewer  
\_\_\_ Well  
\_\_\_ Septic Tank  
\_\_\_ Gas  
\_\_\_ Electricity

\_\_\_ Utilities  
\_\_\_ NCDOT or town road  
\_\_\_ Proposed Thoroughfare  
\_\_\_ Railroad  
\_\_\_ None

Existing Structures on Property:     Vacant Lot: No buildings or manufactured homes on property  
    Site-built Home  
    Manufactured home  
    Commercial or Industrial building  
    Accessory building (Included detached carports, garages. And storage buildings)

Description of Zoning:

Zoning District: \_\_\_\_\_     Town Limits             Extra Territorial Jurisdiction

Building Setbacks:	<u>Required</u>	<u>Proposed</u>
Front yard	_____	_____
Rear Yard	_____	_____
Side Yard, left	_____	_____
Side Yard, right	_____	_____
Height	_____	_____
Maximum lot coverage	_____	_____
Maximum Density	_____	_____

Description of Proposed Work or Proposed Use:

\_\_\_\_\_

\_\_\_\_\_

Notes:

1. An approved Permit shall expire and be cancelled unless the work authorized by it shall have begun within six (6) months of its issue date, or if the work authorized by it is suspended or abandoned for a period of one year, unless vested rights is requested, then this permit is valid for a period of two (2) years.
2. The zoning Administrator must be notified to make onsite inspection once the set back lines have been identified on-site (for new construction).
3. The Zoning Administrator will attempt to make zoning determinations within three (3) business days of submission of a fully completed application.

The owner/ applicant acknowledges the following: (please check where appropriate)

- All Debris on the site will be removed by the owner/ applicant at no expense to the Town of Stallings
- All power lines are turned off and disconnected from the structure
- Water/Sewer service has been discontinued and disconnected from the structure
- All other utility lines have been disconnected from the structure
- Disruption of utility service of any type will not occur on adjacent or nearby properties

Owner/Applicant Statement: I certify that I am the property owner or truly represent the property owner(s). I certify the foregoing statements are accurate and correct to the best of my understanding and knowledge. I understand that the Town of Stallings is not bound by oral or written assertions or representations of its staff members. I agree to conform to all Town of Stallings Ordinances and Laws of the State of North Carolina regulation such work and any plans or specifications submitted. Any violation of the Zoning Ordinance will be grounds for revoking this permit and any other permits issued in reliance upon the same.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Approved     Disapproved    by: \_\_\_\_\_

Signature of Zoning Official: \_\_\_\_\_ Date: \_\_\_\_\_



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## OWNER AUTHORIZATION

Projects with a total construction cost of \$30,000 or less do not require a licensed general contractor (Note: any electrical, plumbing, or mechanical work necessary for the completion of the project ***must be performed by an appropriately licensed individual*** as required in section 301.5 of the North Carolina *Administration and Enforcement Requirements Code*, and N.C. General Statutes).

I, \_\_\_\_\_ (owner), authorize \_\_\_\_\_ to act as my agent over the extent of the total construction and completion of this project.

I understand and accept responsibility to comply with all regulations and required inspections.

I further understand and acknowledge that until a final inspection has been performed and approved, and this project has received a Certificate of Occupancy/ Completion (CO), no portion of this project may be utilized.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone # (s)

**\*\*\*THIS FORM IS REQUIRED FOR THE REVIEW PROCESS\*\*\***