



Town of
Stallings

315 Stallings Road ▪ Stallings, North Carolina 28104

Amplified Sound Permit

Permit Number (Staff): _____ Date: _____

• <u>Applicant/Business Information</u>	
Applicant Name*:	Phone#*:
Physical Address*:	City, State, Zip
Subdivision/ Business Center	Email*:
• <u>Property Owner Information</u>	
Property Owner Name:	Phone#:
Street Address:	City, State, Zip
• <u>Event Information</u>	
Type of Amplified Sound (DJ, Band, etc.):	
Date and Time of event:	Number of Hours of Amplified Sound:

Owner/Applicant Statement: I certify that I am the property owner or truly represent the property owner. I certify that the forgoing statements are accurate and correct to the best of my knowledge. I understand that the Town of Stallings is not bound by the 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 regulating 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 upon the same. Event cannot exceed 20 hours of amplified sound. All property owners within 1000 feet of the location property must be notified 72 hours prior to the event. See section 93 of the Stallings Code Ordinances requirements.

*Signature of Owner: _____ Date: _____

*Signature of Applicant: _____ Date: _____

***Both signatures are required for the application to be processed.**

APPROVED **DISAPPROVED**

Signature of Zoning Official: _____ Date: _____