



**POLICE DEPARTMENT
TOWN OF STALLINGS
315 STALLINGS ROAD
STALLINGS, NC, 28104
704-821-0300**

APPLICATION INFORMATION	
Date Filed:	
Application #:	
Fee Paid:	

Amplified Sound Permit

APPLICANT INFORMATION	
Applicant Name:	
Applicant Address:	
Parcel ID #:	
Phone:	
Email:	
Property Owner Name: (if different from applicant)	
Property Owner Phone:	
Property Owner Email:	

Event Information	
Type of Amplified Sound:	
Date and Time of Event:	
Number of Hours of Amplified Sound:	

OWNER/APPLICANT STATEMENT:			
<p>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. <u>All property owners within 1000 feet of the location property must be notified 72 hours prior to the event. See § 93 of the Stallings Code Ordinances for full requirements.</u></p>			
Signature of Owner:		Date:	
Signature of Applicant:		Date:	

APPROVAL STATUS			
Signature of Official:		Date:	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied		