

**NORTH CAROLINA
ALCOHOLIC BEVERAGE CONTROL COMMISSION**

4307 MAIL SERVICE CENTER
RALEIGH NC 27699-4307
(919) 779-0700 FAX: (919) 662-3583
abc.nc.gov

INSPECTION/ZONING COMPLIANCE

IMPORTANT: The Applicant will complete SECTION A, below. SECTION B through SECTION E, below, are to be completed by the appropriate Inspection/Zoning Official. To request inspections and zoning certifications, please contact the city or county building and fire inspection and zoning departments for your area. Failure to submit this form in a timely manner to these local authorities may result in delays in processing of an ABC permit application. This form must be completed by the building, fire and zoning officials before a permit will be issued

SECTION A - APPLICANT TO COMPLETE

Name of Applicant _____
Trade Name of Business _____
Address of Business _____
City _____ County _____
Phone # (____) _____
Type of Establishment _____ Permit(s) Applying For _____

SECTION B - BUILDING INSPECTOR TO COMPLETE

Building Code:

Building is in - Compliance Non-compliance* Not Applicable

Building Inspector's Name (printed) and Signature _____
Phone # (____) _____ Date of Inspection _____

SECTION C - FIRE INSPECTOR TO COMPLETE

Fire Code:

Building is in - Compliance Non-compliance* Not Applicable

Fire Inspector's Name (printed) and Signature _____
Phone # (____) _____ Date of Inspection _____

SECTION D - ZONING OFFICIAL TO COMPLETE

Zoning:

Business is in - Compliance Non-compliance* Not Applicable

Is business located in an Urban Redevelopment Area (Article 22 of Chapter 160A) Yes No

If "Yes", has establishment been given notice that it is in an Urban Redevelopment Area and must comply with the requirements of N.C.G.S. 18B-309 Yes No

Zoning Classification _____
Permitted uses in this zone _____
Zoning Official's Name (printed) and Signature _____
Phone # (____) _____ Date of Inspection _____

*Please state reasons for "Noncompliance" in SECTION E on back of this page.



MECKLENBURG COUNTY
Land Use and Environmental Service Agency

Date: _____

Phone # (where we can reach you) _____

Name: _____

Address: _____

CARD EXP DATE: _____

Printed Name: _____

Signature: _____

(Choose one only)

I, _____, give Mecklenburg County Revenue Collection Department permission to charge \$ _____, To my (Visa/MC/Discover) _____ for payment to the following Acct # _____.

I, _____, give Mecklenburg County Revenue Collection Department permission to charge \$ _____, To my (Visa/MC/Discover) _____ for payment of estimated upfront fees for Project # _____.

PLEASE DO NOT WRITE CREDIT CARD NUMBER
ON THIS FORM

PEOPLE PRIDE PROGRESS PARTNERSHIPS
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Luesa-sf@mecklenburgcountync.gov