Charlotte, NC 28208

CITY OF CHARLOTTE

ALL	YELLOW AREAS MUST BE COMPLETED	APPLICATI	ON FUR ZUNIN	G USE PERMIT	PRESS FIRMLY
L	STREET # (N,S,E,W) STR	EET NAME		(AV,RD,ST, etc)	PERMIT #
	SUITE/UNIT(S):		TAX PARCEL #		PROJECT #
O C A T	PROPERTY OWNER				
H	CITY	STATE	ZIP	_ PHONE #	
OZ-OSZER	APPLICANT'S NAME / CONTRACTOR		AL	DDRESS	
	CITY	STATE	ZIP	PHONE #	
	CONTRACTOR ACCOUNT #	Р	LACARD ISSUED:	□No □Yes TOTAL	_ FEE \$
	PREVIOUS USE		INTENDED US	Ε	
	BUSINESS NAME				
ZON-NG	ZONING: MINIMUM SETBACKS: FRONT LAND AREA / ACRAGE (sq. ft.) WATERSHED: No Yes REMARKS / CODE SECTION:	LEFT SIDE S	RIGHT SIDE SWIM BUFFER: \(\text{No} \) SURVEY REQU	REAR	HOLD REQUIRED: No Yes
		PI	ERMITTED INTENDED	USE	
	ABC INSPECTION - USE ABC INSPECTION - FOR RESTAURAN ACCESSORY STRUCTURE (15.6) (M) ADULT CARE HOME ADULT ELECTRONIC GAMING ESTABI ALTERNATIVE CORRECTIONAL FACIL AUCTION / ARTS & CRAFTS / FAIRS / F MARKETS / RUMMAGE SALES BED& BREAKFAST CHILD CARE CENTER IN RESIDENCE FAMILY CHILDCARE HOME (1-8 CHILD GROUP HOME - (15.4 - UU) LANDFILL AND CLEARING & INERT DE	T USE UST ADD DIMEN LISHMENT ITY PLANT SALES/ F (6-12 CHILDREN) OREN) - (15.6 B	FLEA I) - (15.6 C) T B)	MOBILE FARMER'S MARKI MOBILE FOOD VENDOR - MOBILE RETAILVENDOR DUTOOR ENTERTAINMEN PLACE TYPE) PRIVATE STABLES - (15.5 ROOMING HOUSE - (15.5 SALES ASSOCIATED WITH EMPORARY CONSTRUCT EMPORARY CONTRACTO ARD (15.5 E) EMPORARY OUTDOOR E EMPORARY OUTDOOR S EMPORARY OUTDOOR S	(15.5 B) - (15.5 C) T (100 FT SEPRATION FROM N1 5 L) 5 M) H A HOLIDAY FION TRAILER DR'S OFFICE / CONTRACTOR'S NTERTAINMENT - (15.5 F) 14 DAYS CONSIGNMENT) - (15.5 C) SALES (UP TO 90 DAYS) - (15.5 G) STORAGE CONTAINER - (15.5 H)
	LINDERSIGNED HEREBY CERTIFIES THAT HE/SH	IE IO EITUED TUE	OWNED OD THE AUTHOR		DANID LIEDERY MAKES ARRUSATION FOR

PERMIT AND INSPECTION OF WORK DESCRIBED AND AGREES TO COMPLY WITH ALL APPLICABLE LAWS REGULATING THE WORK.

APPROVAL MAY BE REQUIRED FROM OTHER AGENCIES PRIOR TO ISSUING A PERMIT. THIS PERMIT WILL EXPIRE IF WORK HAS NOT STARTED AND INSPECTED WITHIN 6 MONTHS, OR IF WORK HAS BEEN DISCONTINUED FOR A PERIOD OF 12 MONTHS. A SEPARATE PERMIT WILL BE REQUIRED FOR SIGNS ERECTED, IF APPLICABLE. NO REFUNDS WILL BE PROCESSED AFTER ISSUANCE OF THIS PERMIT.

APPLICANT'S SIGNATURE	DATE	PRINT APPLICANT'S NAME	APPRO	OVED BY / DATE
Make checks payable to: CITY OF CHARLOTTE				
C/O Planning - Zoning & Permitting Division 2145 Suttle Avenue		EMERALD RQ #		
Object to NO 00000	ORIGINAL-White INSPECTOR-Blu	ie CUSTOMER-Yellow		

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 <u>must</u> be completed by the building, fire and zoning officials before a permit will be issued

SECTION A - APPLIC	ANT TO COMPLET	E			
Name of Applicant					
Trade Name of Busines	s				
Address of Business					
City		County			
Phone # ()					
		Permit(s) Applying For			
SECTION B - BUILDIN	NG INSPECTOR TO	COMPLETE			
Building Code:					
Building is in -	□ Compliance	\square Non-compliance* \square Not Applicable			
Building Inspector's Na	me (printed) and Signati	ure			
Phone # ()		Date of Inspection			
SECTION C - FIRE IN	SPECTOR TO COM	PLETE			
Building is in -	□ Compliance	□ Non-compliance* □ Not Applicable			
Fire Inspector's Name (printed) and Signature				
Phone # ()		Date of Inspection			
If "Yes", has establishm	☐ Compliance In Urban Redevelopment The ent been given notice the process of N.C.G.S. 18B-309	 □ Non-compliance* □ Not Applicable Area (Article 22 of Chapter 160A) □ Yes □ No at it is in an Urban Redevelopment Area and must comply 			
Zoning Official's Name	(printed) and Signature				
Phone # ()		Date of Inspection			

 $[*]Please\ state\ reasons\ for\ ''Noncompliance''\ in\ SECTION\ E\ on\ back\ of\ this\ page.$

SECTION E - *Noncompliance*

REASONS FOR NONCOMPLIANCE	DATE CORRECTED
	



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,
I,

PLEASE DO NOT WRITE CREDIT CARD NUMBER ON THIS FORM

PEOPLE PRIDE PROGRESS PARTNERSHIPS
2145 Suttle Avenue Charlotte, North Carolina 28208-5237 (980) 314-2633 Fax (877) 289-9718
Luesa-sf@mecklenburgcountync.gov