NORTH CAROLINA
ALCOHOLIC BEVERAGE CONTROL COMMISSION
4307 MAIL SERVICE CENTER
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(919) 779-0700 FAX: (919) 662-3583
www.ncabc.com

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 # (___) _____

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* _____