## 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

Trade Name of Applicant  Ahmed Mahmood Musged Amey  Trade Name of Business  Lucky Stop of Camero Ninc  Address of Business  359 NC 24  City Camero Ninc  County Harriett  Phone # (551) \$56 \$35   Type of Establishment Convenice for Permit(s) Applying For ABc  SECTION B - BUILDING INSPECTOR TO COMPLETE  Building Rode:  Building is in - Compliance Non-compliance* Not Applicable  Building inspector's Name (printed) and Signature  Phone # (	
Address of Business  3.59 NC 24  City Cameron County Harriell Phone # (551) 556 5.3 51  Type of Establishment Convenion Permit(s) Applying For ABC  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 is in Not Applicable  Is business located in an Urban Redevelopment Area (Article 22 of Chapter 160.4) 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	SECTION A - APPLICANT TO COMPLETE
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Zoning Official's Name (printed) and Signature	
	Phone # ( ) Date of Inspection

<sup>\*</sup>Please state reasons for "Noncompliance" in SECTION E on back of this page.