

**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**

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**SECTION A - APPLICANT TO COMPLETE**

Name of Applicant Family Dollar Stores of North Carolina, LLC  
Trade Name of Business Family Dollar Store #26389  
Address of Business 3274 RAY RD  
City SPRING LAKE County HARNETT  
Phone # ( 336 ) 362-9051  
Type of Establishment Retail Grocery Permit(s) Applying For Off Premises Malt Beverage / Off Premise Unfortified Wine

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**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 \_\_\_\_\_

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**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 \_\_\_\_\_

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**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 \_\_\_\_\_

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

