

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 jay ambe ma corporation
Trade Name of Business Champs Fresh Food
Address of Business 8920 US 401 N
City Fuquay Varina County Harnett
Phone # (910) 988-6049
Type of Establishment convenience store / gas Permit(s) Applying For Malt Beverage (Beer) Off Premise,
Unfortified Wine Off Premise & Fortified Wine Off Premise

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 Roger Sullivan Roger Sullivan
Phone # (910) 893-0745 Date of Inspection 12-10-25

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.

