## 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 - APPLICANT TO COMPLET  | E   |  |
|---|---|--|
| Name of Applicant Lillington Spi  | orts Zone LLC   |  |
| Trade Name of Business Lillington Sports Zone LLC<br>Address of Business 320 9 Cornelius Harnett Bird                             |   |  |
|   |   |  |
| Phone # (91) 920 - 8512   | n en stannen har en versen en skille skille skille skille skille skille skille skille se sen se skille skille s<br>En se skille |  |
| Type of Establishment estaurant   | Permit(s) Applying For <u>Retail</u> ABC Permit   |  |
| SECTION B - BUILDING INSPECTOR TO   | COMPLETE  |  |
| Building Code:<br>Building is in -  | □ Non-compliance* □ Not Applicable  |  |
|   |   |  |
| Building Inspector's Name (printed) and Signatu   | Date of Inspection  |  |
|   |   |  |
| SECTION C - FIRE INSPECTOR TO COMI<br>Fire Code:<br>Building is in -  Compliance<br>Fire Inspector's Name (printed) and Signature | □ Non-compliance* □ Not Applicable  |  |
| Phone # ()  | Date of Inspection  |  |
| SECTION D - ZONING OFFICIAL TO CO<br>Zoning:  | an a  |  |
| Business is in -  Compliance  | □ Non-compliance* □ Not Applicable  |  |
| Is business located in an Urban Redevelopment A   | and a second                  |  |
| I the second present shifts a second second second second second to the   | t 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  | 같은 1 <u></u>  |  |
| 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                             |
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