



County of Moore Planning and Transportation



Inspections/Permitting: (910) 947-2221

Planning: (910) 947-5010

Transportation: (910) 947-3389

Fax: (910) 947-1303

EXTERNAL CHECKLIST FOR ABC (Alcoholic Beverage Commission) or the ATF (Alcohol, Tobacco and Firearms) PERMIT APPLICATION

- Completed Miscellaneous Permit application. Applications can be obtained from our department, Planning and Transportation located at 1048 Carriage Oaks Drive, Carthage, NC 28327, or online at www.moorecountync.gov, Department Planning & Transportation, Applications. If you would like to speak with someone regarding the application our phone number 910-947-5010 or 910-947-2221.
- The original copy of the ABC (Alcoholic Beverage Commission) or the ATF (Alcohol, Tobacco and Firearms) approval form must be provided on site at the time of the inspection. This ensures that the inspector can sign this form while onsite. Access to all areas of the building is required at the time of the inspection, this allows for a thorough inspection of the building.
- A zoning permit may be required if the subject property is located within one of the following municipalities or their ETJ.
 - Cameron: 910-245-3212
 - Carthage: 910-947-2331
 - Foxfire: 910-295-5107
 - Robbins: 910-948-2431
 - Taylor Town: 910-295-4010
 - Vass: 910-245-4676
 - Whispering Pines: 910-949-3141



County of Moore Planning and Transportation

Inspections/Permitting: (910) 947-2221

Planning: (910) 947-5010

Transportation: (910) 947-3389

Fax: (910) 947-1303



Miscellaneous Permit Application			
Application Date: _____			
Location/Address of Property: _____			
Description of Proposed Work: _____ _____ _____			
Applicant:			Phone: _____
Owner:			Phone: _____
Owner Address: _____		City: _____	St: _____ Zip: _____
Type of Permit: <input type="checkbox"/> ATF <input type="checkbox"/> Day Care <input type="checkbox"/> Group/Therapeutic Home <input type="checkbox"/> Bulkhead/Dock <input type="checkbox"/> Sign(s) <input type="checkbox"/> ABC <input type="checkbox"/> Demolition <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Other: _____			
If the project is a bulkhead or dock please list the estimated cost of the project			Total Estimated Cost \$ _____
Please list the names of the contractors who will be performing the work for this project. If the work will be performed by the owner just write owner or self in the name field. Please put N/A in any fields that are not applicable to the project.			
General Contractor:		Phone: _____	License: _____
Address: _____		City: _____	St: _____ Zip: _____
Electrical Contractor:		Phone: _____	License: _____
Address: _____		City: _____	St: _____ Zip: _____
Design Professional:		Phone: _____	License: _____
Address: _____		City: _____	St: _____ Zip: _____
Pool Contractor:		Phone: _____	License: _____
Address: _____		City: _____	St: _____ Zip: _____
I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws, ordinances and regulations. The Inspection Department will be notified of any changes in the approval plans and specifications for the project permitted herein. I understand if this application is incomplete, no inspections will be performed on the project.			
Owner/Agent Signature: _____			Date: _____