



County of Moore Planning and Inspections

Inspections/Permitting: (910) 947-2221
Planning: (910) 947-5010
Fax: (910) 947-1303

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

- Completed Permit application. Applications can be obtained from our department, Planning and Inspections located at 1048 Carriage Oaks Drive, Carthage, NC 28327, or online at www.moorecountync.gov, Department Planning & Inspections, 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	Taylor Town: 910-295-4010
Carthage: 910-947-2331	Vass: 910-245-4676
Foxfire: 910-295-5107	Whispering Pines: 910-949-3141
Robbins: 910-948-2431	



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ABC or ATF Permit Application			
Application Date:		Email Address:	
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"/> ABC			
<input type="checkbox"/> Other: _____			
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:	
Address:		City	St Zip
Electrical Contractor:		Phone:	
Address:		City	St Zip
Design Professional:		Phone:	
Address:		City	St Zip
Pool Contractor:		Phone:	
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: _____			