

**CITY OF BLAIRSVILLE ALCOHOL LICENSING**  
**BUILDING INSPECTION DISTANCE CERTIFICATION**  
**AND**  
**SAFETY COMPLIANCE CHECKLIST**

**Business Name:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

**Location Address:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

**[REMAINDER OF FORM TO BE COMPLETED BY BUILDING INSPECTION DEPARTMENT]**

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**1. Type of Business:**

- |   |  |
|---|--|
| <input type="checkbox"/> Grocery Store            | <input type="checkbox"/> Restaurant      |
| <input type="checkbox"/> Convenience Store        | <input type="checkbox"/> Bed & Breakfast |
| <input type="checkbox"/> Wholesaler               | <input type="checkbox"/> Hotel/Motel     |
| <input type="checkbox"/> Farm Winery Tasting Room | <input type="checkbox"/> Other- _____    |

**2. Distance to School Building or School Grounds:**

Is entrance to building more than 100 yards of any school building, school grounds, or college campus?

YES       NO

Distance Measured:

- Certification Approximate, Requires Survey  
 Sufficient Distance, Does Not Require Survey

Name & Address of Nearest School: \_\_\_\_\_

**3. Distance to Alcoholic Treatment Center:**

Is entrance to building more than 100 yards of any alcohol treatment center owned and operated by this state or any county or municipal government?

YES       NO

Distance Measured:

- Certification Approximate, Requires Survey  
 Sufficient Distance, Does Not Require Survey

Name & Address of Nearest Alcohol Treatment Center: \_\_\_\_\_

**4. Building Inspection and Compliance Checklist**

**YES    NO    N/A**

- |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does building location front a highway or paved roadway?        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is building entrance(s) and exit(s) handicap accessible?        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is building restroom(s) handicap compliant?                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is exit lighting installed at required exits and exit pathways? |

- Are exit pathways clear and unobstructed?
- Are visible portions of electrical system installed correctly and in working order?
- Has seating capacity been approved by Union Co. Health Department?  
 \_\_\_\_\_Total seats allowed
- If seating exceeds 100, is C.O. required by State Fire Marshal for seating capacity?
- Is exterior alcohol related signage absent from premises?
- Is parking lot lighting installed in accordance with ordinance requirements?
- Are all parking areas in good repair, neat, clean and well maintained?
- Is building in good repair, neat, clean and well maintained?
- Inspection Approved?
- Re-inspection required?

**Notes:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Name of Building Inspection Official

\_\_\_\_\_  
 Date of Inspection

\_\_\_\_\_  
 Signature of Building Inspection Official