

(TYPE OR PRINT IN BLACK INK)

**STATE OF NORTH CAROLINA**

In The General Court Of Justice

\_\_\_\_\_ County

**AFFIDAVIT TO OBTAIN  
ADMINISTRATIVE INSPECTION  
WARRANT FOR  
PERIODIC INSPECTION**

I, \_\_\_\_\_, being  
*(name and position)*

duly sworn and examined under oath, state under oath that there is a program of inspection authorized by

\_\_\_\_\_  
*(identify statute or regulation authorizing inspection)*

which naturally includes the property owned or possessed by \_\_\_\_\_  
*(name owner or possessor)*

\_\_\_\_\_ and described as follows: \_\_\_\_\_

\_\_\_\_\_  
*(precisely describe the property to be inspected)*

The program of inspection referred to covers the area \_\_\_\_\_

\_\_\_\_\_  
*(precisely describe the property to be inspected)*

and is being conducted for the purpose of checking or revealing the following:

\_\_\_\_\_  
*(state conditions, objects, activities, or circumstances covered by inspection program)*

This inspection program is a legal function of \_\_\_\_\_  
*(name agency)*

and is under the supervision of \_\_\_\_\_  
*(identify person responsible for inspection program)*

\_\_\_\_\_  
*Signature Of Applicant*

\_\_\_\_\_  
*Name Of Applicant (Type Or Print)*

**SWORN AND SUBSCRIBED TO BEFORE ME:**

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

- |                                     |   |  |
|-------------------------------------|---|--|
| <input type="checkbox"/> Deputy CSC | <input type="checkbox"/> Assistant CSC        | <input type="checkbox"/> Clerk Of Superior Court |
| <input type="checkbox"/> Magistrate | <input type="checkbox"/> District Court Judge | <input type="checkbox"/> Superior Court Judge    |

**IMPORTANT: Attach the Affidavit to the WARRANT if not on reverse side.**

(TYPE OR PRINT IN BLACK INK)

**STATE OF NORTH CAROLINA**

In The General Court Of Justice

\_\_\_\_\_ County

File No.

**ADMINISTRATIVE INSPECTION  
WARRANT FOR  
PERIODIC INSPECTION**

G.S. 15-27.2

**TO ANY LAWFUL OFFICIAL EMPOWERED TO CONDUCT THE INSPECTION AUTHORIZED BY THIS WARRANT:**

The applicant named on the accompanying affidavit, being duly sworn, has stated to me that the property described in that affidavit is to be inspected as part of a legally authorized program of inspection which naturally includes that property. I have examined this applicant under oath or affirmation and have verified the accuracy of the matters in the affidavit establishing the legal grounds for this Warrant. YOU ARE HEREBY COMMANDED TO INSPECT THE PROPERTY DESCRIBED IN THE ACCOMPANYING AFFIDAVIT.

This inspection is authorized to check or reveal the conditions, objects, activities, or circumstances indicated in the accompanying affidavit as a purpose of the inspection program.

This Warrant must be served upon the owner or possessor of the property described in the accompanying affidavit. If the owner or possessor is not present on the property at the time of inspection and you have made reasonable but unsuccessful efforts to locate the owner or possessor, you may instead serve it by affixing this Warrant or a copy to the property.

THIS WARRANT MAY BE EXECUTED ONLY BETWEEN THE HOURS OF 8:00 A.M. AND 8:00 P.M. AND ONLY WITHIN 24 HOURS AFTER IT WAS ISSUED. IT MUST BE RETURNED WITHIN 48 HOURS AFTER IT WAS ISSUED.

Date Issued	Time Issued	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Signature			
<input type="checkbox"/> Deputy CSC	<input type="checkbox"/> Assistant CSC	<input type="checkbox"/> Clerk Of Superior Court	
<input type="checkbox"/> Magistrate	<input type="checkbox"/> District Court Judge	<input type="checkbox"/> Superior Court Judge	

**OFFICER'S RETURN**

I certify that this WARRANT was executed on the date and time shown below.

Date Of Execution	Signature Of Inspecting Official
Time Of Execution	Name Of Inspecting Official (Type Or Print)
<input type="checkbox"/> AM <input type="checkbox"/> PM	

**CLERK'S ACCEPTANCE**

This WARRANT has been returned to this office on the date and time shown below.

Date Of Return	Signature
Time Of Return	<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court
<input type="checkbox"/> AM <input type="checkbox"/> PM	

**IMPORTANT: Attach the Affidavit to the WARRANT if not on reverse side.**