



**CITY OF
WINSTON-SALEM INSPECTIONS DIVISION
APPLICATION FOR COMMERCIAL / ZONING PERMIT**

Office Use:

Date: _____ A.P. # _____ City _____ County _____
 Map Page _____ CT # _____ Zoning _____ Block # _____ Lot # _____; _____; _____
 Locater Street _____ Between _____ and _____

Applicant Information: all related fields must be filled in

Address of Job: _____ Project Name: _____
 Owner's Name: _____ Owner's Address _____
 Phone # (_____) _____ Fax # (_____) _____
 Contractor's Name: _____ Contractor's Address: _____
 Phone # (_____) _____ Fax # (_____) _____
 Contractor's I. D. # _____ General Contractor License # _____ Privilege License # _____

- Projects in excess of \$ 90,000.00 total project value and in excess of 2500 square footage sealed plans are required. All A-2 assemblies require sealed plans regardless of value or square footage if kitchen renovation is part of the project. Any plan regardless of size must be draftsman quality. The minimum plan size is 18" X 24"; 11" X 17" plans are acceptable for CAD drawings if completely legible.
- A plan review fee of twenty five percent (25%) of the building permit amount must be paid at the time of submittal
- Seven (7) sets of plans are required for plan submission.
- A detailed site plan and landscape plan must accompany each set of building plans for submission, with two extra sets of the site And landscape plans must be provided for zoning files.
- Sprinkler specification sheets must accompany building plan submissions for sprinkled buildings

Description of work: *(must check and give description of work)*

- Commercial Addition w/ no site work: _____
- Commercial Addition w/ site work: _____
- Commercial New Construction: _____
- Commercial Interior Alteration / Up-fits: _____
- Commercial – Zoning (Complex / Simple): _____
- Commercial Trade Permits (Type) – Plumbing _____ Mechanical; _____ Electrical; _____
- Multi-Family – (# of buildings): _____ Apartments; (# of units): _____ Condos; (# of units): _____
- Town Homes (# of units): _____

Over-

Submittal Type: *(must check and provide the cost figures for the plans to be review)*

- Foundation:** (\$ _____)
- Shell:** (\$ _____)
- Vanilla Box – Upfit with no Tenant:** (\$ _____)

- Interior Alteration / Up-fits:** (\$ _____)
- Addition - to Existing Structure:** (\$ _____)
- Full – Building New Const:** (\$ _____)

- Plumbing:** (\$ _____)
- Mechanical (HVAC):** (\$ _____)
- Electrical:** (\$ _____)

- Refrigeration:** (\$ _____)

- Total Project Cost:** (\$ _____) **Project Total Square Footage:** (_____)

Type of Sewage Disposal:

- Public**
- Private**
- Septic Tank** *(If the property is being serviced by a septic tank, we must have the Health Departments Approval 336-703-3225)*

Name of Contact: _____

Phone # (_____) _____

Fax # (_____) _____

Email Address: _____

Mobile # _____

The applicant hereby certifies and agrees as follows: 1) That he/she has read the above information and it is true and correct; 2) If any information supplied by applicant is incorrect or missing, the permit review time will be delayed.

The contact person will be notified once the plan review is completed and the permit is ready for permitting.

Signature of Owner / Agent / Contractor: _____ **Date:** _____