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

Office Use:
Date ______________ A.P. # ______________ City ______________ County ______________
Map Page ___________ CT# ______________ Zoning __________ Block# __________ Lot # __________
Locator 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: ( ____ ) ______________________________

REQUIRED: Contractor’s I.D. # __________________________ General Contractor License # ______________

- Projects in excess of $90,000.00 total project value and in excess of 2,500 square footage scaled plans are required. All projects 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.
- Nonresidential, under 4,000 square feet - $100.00
- Nonresidential, 4,000 to 15,000 square feet - $125.00
- Nonresidential, 15,001 to 40,000 square feet - $325.00
- Nonresidential, 40,001 square feet and greater - $800.00
- Condo/Apartment projects - $500.00
- Townhomes (per unit) - $65.00
- Cell Towers/Co-Locates - $65.00
- Code Item Point Reviews, such as exterior lighting, magnetic locks, columbarium’s, signs, etc. - $50.00
- Parking Lots - $100.00

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) __________

THE PLAN REVIEW FEE (Per our fee schedule) MUST BE PAID AT TIME OF PLAN SUBMITTAL.
Submittal Type: (must check and provide the cost figures for the plans to be reviewed)

☐ Foundation: $ _______________________________
☐ Shell: $ _______________________________
☐ Vanilla Box - Upfit with no Tenant: $ _______________________________

☐ Interior Altercation/Up-fits: $ _______________________________
☐ Addition - to Existing Structure: $ _______________________________
☐ Full - Building New Construction: $ _______________________________

☐ 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 Phone ( ____ ) _________________________

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: __________________________

In an effort to support sustainable and green building technologies and practices the WS/FC Inspections Division offers rebates for the qualifying project types listed below:

Geothermal Heat Pumps

Photovoltaic Energy Systems

Solar Hot Water Heating

Gray/Rain Water Collection for Flushing Fixtures

If you are installing a system that incorporates these features into your project please indicate the system type above. And be aware that your permit fee for these qualified installations may be rebated 50% (not to exceed $40.00 for residential systems and $80.00 for commercial systems) upon project completion and certification by a third party inspection agency. Regular fees must be paid at the time of permit issuance.