

Bryce A. Stuart Municipal Building Suite 328,100 E. First Street Winston-Salem, NC 27101 P.O. Box 2511 Winston-Salem, NC 27102-2511

APPLICATION FOR COMMERCIAL/ZONING PERMIT

Office Use:		
Date A.P. #	City County	
Map Page CT# Zoning		
Locator Street Be	etweenand	
Applicant Information: all related fields must be filled in		
Address of Job	Project Name	
Owner's Name	Phone	
Owner's Address	Fax	
Contractor's Name	Phone	
Contractor's Address		
REQUIRED: Contractor's I.D.#	General Contractor's License#	
 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 		
Commerical Addition w/site work		
□ Commercial New Construction		
☐ Commercial Evaluation		
☐ Commercial Interior Alteration/Up-fits		
☐ Commercial-Zoning(Complex/Simple)		
□ Commercial Trade Permits (Type): □ Plumbing □ Mechanical □ Electrical		
☐ Commercial Re-Roof		
□ Multifamily (# 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 cos	st figures for the plans to be reviewed)
☐ Foundation \$	
☐ Shell \$	
☐ Vanila Box - <i>Uplift with no Tenant</i> \$	
☐ Interior Altercation/Up-fits \$	
☐ Addition - to Existing Structure \$	
☐ Full - Building New Construction \$	
☐ Plumbing \$	/FORSP
☐ Mechanical (HVAC) \$	
☐ Electrical \$	
☐ Refrigeration \$	
☐ Total Project Cost \$	_
Type of Sewage Disposal	
☐ Public	
☐ Private	
Septic Tank (If the property is being serviced by a septic	tank, we must have the Health Department's Approval 336-703-3225)
Name of Contact	
Phone Fax	
Email Address	Mahila Phana
	ows: 1) That he/she has read the above information upplied by applicant is incorrect or missing, the permit
The contact person will be noticed once the plan revie	
Signature of Owner/Agent/Contractor:	Date: G
	technologies and practices the WS/FC Inspections Division
Geothermal Heat Pumps	
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.