City of Winchester
15 N. Cameron Street
Winchester, VA 22601
540-667-1815
Fax 540-722-3618

ALL APPLICATIONS REQUIRE 2 SETS OF PLANS AT SUBMISSION

PROJECT ADDRESS _____ **Building Permit #**_____

Estimated value of Construction (materials and labor)$_____

Owner/Lessee: _____
Address _____
City/State _____
Telephone _____

*** Contractor**:_____
Business Address _____
City/State _____
Telephone _____

*** (Contact Commissioner of Revenue (540) 667-1815, Ext. 2507, for Winchester City Business License)**

Building Setbacks **Required:** **Front** _____ **Left** _____ **Right** _____ **Rear** _____
Building Setbacks **Provided**: **Front** _____ **Left** _____ **Right** _____ **Rear** _____

Zoning: **Site Plan** Required: _____ Yes _____ No Site Plan # _____ Date Approved _____
Historic District: _____ Yes _____ No BAR Case # _____ Approval Date _____

Application: **Residential:** **( ) New Single Family Att ____/Det ___**
( ) New 2, 3 & 4, 5 & Up Family Dwelling

Other: **( ) New Institutional church, school, etc.**
( ) New Commercial or Industrial
( ) New Industrialized or SHELL Bldg
( ) New Addition or ( ) Remodeling
( ) Other(specify)_____

Lien Agent: **( ) Yes ( ) No**
Name _____
Address _____
Phone _____

Fill in items applicable to this permit:

Bldg size (SF) 1st fl: _____ **2d fl:**_____
Basement total sq. ft. _____
Finished Basement sq. ft. _____
Carport or Garage sq. ft. _____
Accessory Bldg sq. ft. _____
Swimming Pool sq. ft. _____
Retaining wall # of ft. _____
Heat type (e.g. NG/Elec) _____
New Air Conditioning ( )Yes ( ) No
New Electrical Work ( )Yes ( ) No

Indicate number as applicable:

_____ **Stories** _____ **Half Baths**
_____ **Porches**
_____ **Decks**
_____ **Fireplaces**
_____ **Chimneys**
_____ **Wood Stoves**
_____ **Flue Hookups**
_____ **Total Number of Rooms (excluding baths, halls, closets)**
_____ **Bedrooms**
_____ **Full Baths**

Miscellaneous Construction (Indicate Number)

_____ **Radio Tower or like Structure**
_____ **Demolition of Building ($500 Bond required)**
_____ **Foundation Permit Only**
_____ **Temporary Structures/Tents**
_____ **Storage Tanks**
_____ **Elevator Shafts**
_____ **Prefabricated home**
_____ **Fences over 6' High**
_____ **Re-roofing**
_____ **Re-siding**

Person Applying for Permit _____ **Owner** _____ **Lessee** _____ **Contractor** _____ **Agent**

(I hereby agree to comply with all provisions of Uniform Statewide Building Code 2009 IBC/IRC, The Zoning Ordinance, and other Ordinances or policies as adopted by the City of Winchester, VA.)

Signature _____ **Printed Name** _____

Address _____ **Telephone Nr.** _____ **Date** _____