

ALL APPLICATIONS REQUIRE TWO SETS OF PLANS AT SUBMISSION

Initial Application Revision to existing application

Project Address: _____ Permit #: _____

Scope of work: _____

Estimated Value of Construction (materials & labor): \$ _____

Owner: _____

Lessee: _____	*Contractor: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: _____	Phone: _____
Email: _____	Email: _____
	VA Contr. Lic #: _____

*Contact the Commissioner of Revenue (540) 667-1815 for your City of Winchester Business License.

Lien Agent Name: _____
Address: _____
Phone: _____
Email: _____

ZONING – please complete this section to assist with the Zoning determination which is necessary and will be completed prior to the building plan review.

Zoning District: _____ Tax Map #: _____ The setback is the distance from the structure / building to the property line on each side that is relevant for this application.

Setbacks from property lines: Front: _____ Rear: _____ Left: _____ Right: _____

Existing Structures (please list):

Site Plan Required (Circle one):	Yes	No	Site Plan #: _____	Approval Date: _____
Historic District (Circle one):	Yes	No	BAR Case #: _____	Approval Date: _____
Corridor Enhancement Dist.:	Yes	No	CE Case #: _____	Approval Date: _____
Flood Plain (Circle one):	Yes	No	Case #: _____	Approval Date: _____

Zoning Staff Only:

Setbacks per code: Front: _____ Rear: _____ Left: _____ Right: _____

Easements: _____

Building Department - This application only requires information for the specific project that is being applied for. Additional property information is not necessary. Most blocks require a number, some require a check.

<input type="checkbox"/> Work has not started	<input type="checkbox"/> Work has started	<input type="checkbox"/> Work has been completed	<input type="checkbox"/> Emergency Repair
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<input type="checkbox"/> New Construction	<u>Construction Type</u>	<u>Square Footage</u>	<input type="checkbox"/> Carport .. Square feet _____
<input type="checkbox"/> Addition	<input type="checkbox"/> _____	<input type="checkbox"/> 1 st Floor _____	
<input type="checkbox"/> Alteration – Interior		<input type="checkbox"/> 2 nd Floor _____	
<input type="checkbox"/> Alteration – Exterior	<u>Occupancy Type</u>	<input type="checkbox"/> 3 rd Floor _____	<input type="checkbox"/> Garage – Attached .. Square feet _____
<input type="checkbox"/> Demo – Interior	<input type="checkbox"/> Assembly, A-1	<input type="checkbox"/> 4 th Floor _____	<input type="checkbox"/> Garage – Detached .. Square feet _____
<input type="checkbox"/> Demo – Exterior (\$500 Bond)	<input type="checkbox"/> Assembly, A-2	<input type="checkbox"/> 5 th Floor _____	
<input type="checkbox"/> Fit-out, Tenant space only	<input type="checkbox"/> Assembly, A-3	<input type="checkbox"/> 6 th Floor _____	
<input type="checkbox"/> Foundation, only	<input type="checkbox"/> Assembly, A-4	<input type="checkbox"/> Basement	<input type="checkbox"/> Accessory Structure .. Square feet _____ .. Height _____
<input type="checkbox"/> Repair	<input type="checkbox"/> Assembly, A-5	.. Finished _____	
<input type="checkbox"/> Shell, only	<input type="checkbox"/> Business, B	.. Unfinished _____	
	<input type="checkbox"/> Educational, E		
<u>Permits - Future</u>	<input type="checkbox"/> Factory, F-1	<u>Number of Rooms</u>	<input type="checkbox"/> Stairs
<input type="checkbox"/> Fire (Separate Permit)	<input type="checkbox"/> Factory, F-2	<input type="checkbox"/> Bathroom, existing, half	<input type="checkbox"/> Ramp
<input type="checkbox"/> Electrical (separate permit-MDIA)	<input type="checkbox"/> High-Hazard, H-1	<input type="checkbox"/> Bathroom, existing, full	
<input type="checkbox"/> Gas (separate permit)	<input type="checkbox"/> High-Hazard, H-2	<input type="checkbox"/> Bathroom, new, half	
<input type="checkbox"/> ... Natural Gas	<input type="checkbox"/> High-Hazard, H-3	<input type="checkbox"/> Bathroom, new, full	
<input type="checkbox"/> ... LP Gas	<input type="checkbox"/> High-Hazard, H-4	<input type="checkbox"/> Bedrooms, existing	<u>Solar Array</u>
<input type="checkbox"/> Mechanical (separate permit)	<input type="checkbox"/> High-Hazard, H-5	<input type="checkbox"/> Bedrooms, new	<input type="checkbox"/> .. Roof
<input type="checkbox"/> Plumbing (separate permit)	<input type="checkbox"/> Institutional, I-1	<input type="checkbox"/> Kitchen, existing	<input type="checkbox"/> .. Ground
	<input type="checkbox"/> Institutional, I-2	<input type="checkbox"/> Kitchen, new	
<u>Special Requests</u>	<input type="checkbox"/> Institutional, I-3	<input type="checkbox"/> Total # of Rooms, excludes bathrooms, hallways, closets	<input type="checkbox"/> Number of Units
<input type="checkbox"/> Antenna (new or replacement)	<input type="checkbox"/> Institutional, I-4		<input type="checkbox"/> Other _____
<input type="checkbox"/> Asbestos	<input type="checkbox"/> Mercantile, M	<u>Chimney</u>	
<input type="checkbox"/> Construction Trailer	<input type="checkbox"/> Mercantile, M	<input type="checkbox"/> .. Masonry	
<input type="checkbox"/> Elevator and / or Shaft	<input type="checkbox"/> Residential, R-1	<input type="checkbox"/> .. Prefabricated	
<input type="checkbox"/> Pool, In Ground	<input type="checkbox"/> Residential, R-2		
<input type="checkbox"/> Radio Tower	<input type="checkbox"/> Residential, R-3	<u>Fireplace</u>	
<input type="checkbox"/> Retaining Wall	<input type="checkbox"/> Residential, R-4	<input type="checkbox"/> .. Masonry	
.. Height _____	<input type="checkbox"/> Storage, S-1	<input type="checkbox"/> .. Prefabricated	
.. Length _____	<input type="checkbox"/> Storage, S-2		
<input type="checkbox"/> Roof, Replacement	<input type="checkbox"/> Utility, U	<input type="checkbox"/> Porch	
<input type="checkbox"/> Siding, Replacement		.. Square Feet _____	
<input type="checkbox"/> Storage Tank, Fill-in Place	<u>Foundation Type</u>	.. Height above grade _____	
<input type="checkbox"/> Storage Tank, New	<input type="checkbox"/> .. Crawlspace		
<input type="checkbox"/> Storage Tank, Remove	<input type="checkbox"/> .. Basement	<input type="checkbox"/> Deck	<input type="checkbox"/> Revised Plans
<input type="checkbox"/> Temporary Structure	<input type="checkbox"/> .. Slab on Grade	.. Square Feet _____	Pages: _____
.. Days: _____		.. Height above grade _____	Square Feet: _____
<input type="checkbox"/> Tent			
.. Days: _____			

Owner Affidavit When the owner is acting as the contractor, by the signing of this application: I hereby affirm that I have read Title 54 of the Code of Virginia and fully understand the contents thereof; that I am not subject to licensure as a contractor or subcontractor. I further affirm that I will be solely responsible for all construction on the described property allowed by the permit hereby issued.

Person Applying for Permit: Owner Lessee Contractor Agent

I hereby agree to comply with all provisions of the Virginia Uniform Statewide Building Code, the Zoning Ordinance, and other ordinances or policies as adopted by the City of Winchester, Virginia.

Note: If Lessee or Agent is applying for the permit, an approval letter/document must be submitted by the Owner.

Printed Name: _____
Address: _____
Email: _____

Signature: _____
Phone: _____
Date: _____

Plans are reviewed with the 2018 Virginia Building Code.

Email application to: carolyn.barrett@winchesterva.gov