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 the Commissioner of Revenue (540) 667-1815, extension 2307, for a Winchester City Business License]**

Zoning:

Building Setbacks Required:	Front:_____		Left:_____		Right:_____	Rear:_____
Building Setbacks Provided:	Front:_____		Left:_____		Right:_____	Rear:_____
Site Plan Required:	☐ Yes	☐ No	Site Plan#:_____		Date Approved:_____	
Historic District:	☐ Yes	☐ No	BAR Case #:_____		Date Approved:_____	
Corridor Enhance. District:	☐ Yes	☐ No	CE Case #:_____		Date Approved:_____	

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 Building
☐ New Addition
☐ Remodeling
☐ Other – please specify
_____

Lien Agent: ☐ Yes ☐ No
Name:_____
Address:_____
Telephone:_____

Complete All Items Applicable To This Permit:

Bldg. Size (sf) – 1st fl:_____ **2d fl:**_____
Basement Total (sf):_____
Finished Basement (sf):_____
Carport or Garage (sf):_____
Accessory Bldg (sf):_____
Swimming Pool (sf):_____
Retaining Wall - # of ft:_____
Heat Type – e.g. NG/Elec:_____
New Air Conditioning: ☐ Yes ☐ No
New Electrical Work: ☐ Yes ☐ No
Construction Type: _____
Occupancy Type: _____

Indicate Number As Applicable:

_____ Story(ies)
_____ Porch(es)
_____ Deck(s)
_____ Fireplace(s)
_____ Chimney(s)
_____ Wood Stove(s)
_____ Flue Hookup(s)
_____ Bedroom(s)
_____ Full Bath(s)
_____ Total Number of Rooms (excluding baths, halls, closets)
_____ Half Bath(s)

Miscellaneous Construction (Indicate Number):

_____ Asbestos Abatement/Removal
_____ Demolition of Building ($500 Bond Required)
_____ Elevator and/or Shaft
_____ Foundation Permit Only
_____ Prefabricated Home
_____ Radio Tower or Like Structure (antennas etc.)
_____ Re-Roofing
_____ Re-Siding
_____ Storage Tanks
_____ Temporary Structures/Tents

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

(I hereby agree to comply with all provisions of the Uniform Statewide Building Code 2012 IBC/IRC, the Zoning Ordinance, and other ordinances or policies as adopted by the City of Winchester, Virginia.)

Signature:_____ **Printed Name:**_____

Address:_____ **Telephone No.:**_____ **Date:**_____

Email Address:_____