



CITY OF WINSTON-SALEM
 INSPECTIONS DIVISION
 APPLICATION FOR RESIDENTIAL/ZONING



PERMIT

Excellence through Service

Office Use:

Date: _____ A/P # _____ DOC # _____ Zoning Jurisdiction: _____

Zoning _____ Block # _____ Lot # _____ ; _____ ; _____ PIN # _____

Applicant Information: all related fields must be filled in

Address of Job: _____ Subdivision: _____

Setbacks: Front: _____ Rear: _____ Left: _____ Right: _____

Building Info: Width: _____ Depth: _____ Height in feet & Number of stories: _____

Heated SF: _____ Total SF: _____

Use of property: _____ Number of living/dwelling units: _____

Grading info: Is more than 20,000 square feet (0.46 acres) of land being disturbed by grading, tree removal, etc.? _____
 If yes, a grading permit must be issued prior to the issuance of a building permit.)

Type of work: New construction– plan name/number _____ Alteration/Addition Other

Description of work: _____

Cost of project:

Building: \$ _____
 Plumbing: \$ _____
 Mechanical: \$ _____
 Electrical: \$ _____
 Total: \$ _____

Check all that apply: Public Sewer
 Private Sewer
 Septic Tank

Approval from Forsyth County Health Department is required for all improvements on properties with a septic tank.
 799 Highland Avenue
 Winston-Salem, NC 27101
 336-703-3225; 7:00am to 5:00pm
 www.forsyth.cc

Field Contact Name: _____ Contact Number: _____

Property Owner's Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Contractor's Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

City of WS Contractor I.D. # _____ Contractor's State License # _____



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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, permit issuance may be delayed; 3) I hereby certify that all of the information contained in this application is correct. If executed by an individual for a corporate entity, I certify that I am duly authorized to sign on behalf of the corporate entity.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY:

Flood Plain: Yes No Elevation: _____ Approved: _____

Watershed: Yes No Approved: _____

Comments: _____

Approved By: _____ 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.