



COUNTY OF LEXINGTON, SOUTH CAROLINA

Department of Community Development

Division of Building Inspections

County Administration Building

212 South Lake Dr., Suite 401 Lexington, South Carolina 29072

Phone: (803) 785-8130 Fax: (803) 785-5186

www.lex-co.sc.gov

Residential Building Permit Application

Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_

A. Project Info:

Property Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Subd: \_\_\_\_\_ Lot: \_\_\_\_\_ Phase: \_\_\_\_\_

B. Description of Type of Work You Will Be Doing:

Blank lines for description of work

Check all that apply to your project: If you're unsure, just leave blank:

New Bldg: [ ] / Addition: [ ] / Renovation/Repair: [ ] / Relocate: [ ] / Single Family Dwelling: [ ] / Modular: [ ] / Duplex: [ ]
Accessory Bldg: [ ] / Storage: [ ] / Agricultural: [ ]

Check all Inspection Types That May Apply: TempPwrPole: [ ] / Footing: [ ] / PlbgUnderSlab: [ ] / Mono Slab: [ ]

Slab: [ ] / RoughIn: [ ] / Final: [ ] / Provisional Power: [ ]...Additional Fee will be applied to cost of Building Permit.

Please provide a breakdown of the square footage:

Number of Floors: \_\_\_\_\_ Area of Each : 1st \_\_\_\_\_ 2nd \_\_\_\_\_ Basement: \_\_\_\_\_

Garage Area: \_\_\_\_\_ Room Over Garage : \_\_\_\_\_ Total Square Footage (excluding garage): \_\_\_\_\_

Ballpark figure of your cost in the project :\$ \_\_\_\_\_ What Power Company will you be using ?: \_\_\_\_\_

Septic# or Sewer Provider: \_\_\_\_\_ Will there be Natural Gas in the home? YES [ ] NO [ ]

C. Contractor Info:

Your Company/Contractor Name: \_\_\_\_\_ LICENSE # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail: \_\_\_\_\_

CERTIFICATE OF OCCUPANCY WILL BE FAXED TO \_\_\_\_\_ Original CO mailed to applicant

D. Property Owner Info:

Property Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

PLEASE NOTE: A permit cannot be issued when the construction authorized by such permit would constitute a violation of recorded covenants or an encroachment on existing easements.

Staff Use Only:

Rec'd By: \_\_\_\_\_ TMS #: \_\_\_\_\_ RB5: \_\_\_\_\_ DS/PRN \_\_\_\_\_

Zone: \_\_\_\_\_ Zoning WF: \_\_\_\_\_ Flood: \_\_\_\_\_ Landscape: \_\_\_\_\_ NPDES: \_\_\_\_\_

Notes: \_\_\_\_\_