



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:

Check all that apply to your project: If you're unsure you may ask Clerk for Assistance:

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

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

Slab: [] / RoughIn: [] / Final: [] / Provisional Power: [] / Will there be Natural Gas in the home: YES [] NO []

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: _____

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: _____

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: _____