



# 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.com

### RESIDENTIAL BUILDING PERMIT APPLICATION

A.

DATE SUBMITTED: _____	SUBMITTED BY _____
Your Company/Contractor Name: _____	LICENSE # _____
Address: _____	City: _____ State: _____ Zip Code: _____
Phone #: _____ Fax # _____	<b>CERTIFICATE OF OCCUPANCY WILL BE FAXED TO</b>
<b>Original CO mailed to applicant.</b>	E-MAIL: _____

B.

<b>Project Address:</b> _____	City: _____	Zip Code: _____
Subd: _____	Lot: _____	Phase: _____
<b>PLEASE PROVIDE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WILL BE DOING:</b>		
<b>Check all that apply to your project: If you're unsure, just leave blank:</b>		
New Bldg: _____	Addition: _____	Renovation/Repair: _____ Relocate _____
Single Family Dwelling: _____	Duplex: _____	Accessory Bldg: _____ Storage: _____
<b>Crawlspace:</b> _____	<b>Slab:</b> _____	
<b>Please provide a breakdown of the square footage:</b>		
Number of Floors: _____	Area of Each : 1 <sup>st</sup> _____ 2 <sup>nd</sup> _____	Basement: _____
Garage Area: _____	Room Over Garage : _____	Total Square Footage (excluding garage): _____
Ballpark figure of your cost in the project :\$ _____	<b>What Power Company will you be using ?:</b> _____	
Septic/Sewer Provider: _____	<b>Will there be Natural Gas in the home? YES _____ NO _____</b>	

C.

Property Owner: _____	Best Contact # : _____
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.

**For Office Use Only:**

TMS #: \_\_\_\_\_ Zone: \_\_\_\_\_ Received By: \_\_\_\_\_ **Flood Authorization:** \_\_\_\_\_