



COUNTY OF LEXINGTON
COMMUNITY DEVELOPMENT DEPARTMENT

212 South Lake Drive, Ste. 401, Lexington SC 29072 Phone: (803)785-8130 Fax: (803)785-5186
BUILDING INSPECTIONS & PERMITS DIVISION

Email: buildinginspections@lexingtoncounty.sc.gov

PLEASE NOTE: A permit cannot be issued or becomes null and void when the construction authorized by such permit would constitute a violation of recorded covenants or an encroachment on existing easements. – Please allow 10-15 business days to process application.

Submitted By: _____ Date _____

CERTIFICATE OF OCCUPANCY if applicable will be sent to Applicants email of record

A. Project Info:

Property Address: _____ City: _____ Zip Code: _____

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

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

Check all Inspection Types That Apply: Temp Power Pole: / Footing and foundation (crawl space): / or Mono-slab: / Plumbing Under-Slab: / Garage Slab: / Sheathing: / Rough-In: / Insulation: / Provisional Power: / Gas test: - Natural Gas: - or Propane: / Final:

Please provide a breakdown of the square footage (Finished & Unfinished):

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: -- Provide copy of LLR License & License Holder ID

Your Company/Contractor Name: _____ LICENSE # _____

Phone #: _____ E-Mail: _____

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

D. Property Owner Info:

Property Owner: _____

Phone#: _____ E-Mail: _____

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