



COUNTY OF LEXINGTON  
COMMUNITY DEVELOPMENT DEPARTMENT

212 South Lake Drive, Suite 401, Lexington SC 29072 Phone: (803)785-8121 Fax: (803)785-5186  
DEVELOPMENT SERVICES DIVISION

**PERSONAL UTILITY BUILDING AFFIDAVIT**

TMS# OF PROPERTY LOCATION: \_\_\_\_\_

PROPERTY OWNER(S): \_\_\_\_\_

ADDRESS OF BUILDING LOCATION: \_\_\_\_\_

CONTRACTOR NAME AND COMPANY: \_\_\_\_\_

CONTRACTOR PHONE: \_\_\_\_\_ CONTRACTOR EMAIL: \_\_\_\_\_

This is to confirm that I/we propose a \_\_\_\_\_ building to be constructed  
(size of building)  
on my/our property (as identified by the above TMS#) and that it will be used **solely**  
**for my/our personal, noncommercial use** and that the structure will meet all  
applicable building code requirements.

I/We understand that in order to use this building for any type of activity other than for my/our **personal noncommercial use**, a formal review of the proposed activity by the zoning staff of Lexington County will be required prior to such use and that the new activity/structure must be properly permitted by all pertinent local, state and federal agencies prior to such use.

I/We understand that failure to comply with the Lexington County Zoning Ordinance may result in investigation and prosecution of the violation(s) by the Code Enforcement Division of the Lexington County Sheriff's Department.

Is the tract or parcel of land restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the proposed activity?  Yes  No

\_\_\_\_\_  
Date Daytime Phone # Property Owner(s) Signature(s)

\_\_\_\_\_  
Fax # Email Property Owner(s) Name (Print)

\_\_\_\_\_  
Verification Date Zoning Assistant/Administrator