



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: _____ E-MAIL: _____

B.

Project Address: _____	City: _____	Zip Code: _____
Subd: _____	Lot: _____	Phase: _____

Please provide a brief description of the work that you will be doing:

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

New Bldg: _____ Addition: _____ Renovation/Repair: _____ Relocate _____

Single Family Dwelling: _____ Duplex: _____ Accessory Bldg: _____ Storage: _____

Crawlspace: _____ Slab: _____

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/Sewer Provider: _____ Will there be Natural Gas in the home? YES _____ NO _____

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: _____