COUNTY OF LEXINGTON, SOUTH CAROLINA



Department of Community Development Division of Building Safety

County Administration Building 212 South Lake Dr., Lexington, South Carolina 29072 Phone: (803) 785-8130 Fax: (803) 785-5186

COMMERCIAL BUILDING PERMIT APPLICATION

PROJECT NAME :		
A.		
DATE SUBMITTED:	SUBMITTED BY	
COMPANY:		
ADDRESS:	CITY:	STATE: ZIP CODE:
PHONE:	FAX: E-MAIL: _	
В.		
LOCATION:		
OF		
		/ REPAIR: RELOCATE:
OCCUPANCY: ASSEMBLY:	BUSINESS: EDUCATIONAL:	FACTORY: HAZARDOUS:
CLASS: INSTITUTIONAL:	_ MERCANTILE: RESIDENTIAL:_	STORAGE:UTILITY:
CONSTRUCTION: I A	I B II A I	II B III A
TYPE III B _	V A	V B
NUMBER OF FLOORS:	AREA OF EACH:	MEZZANINE:
BASEMENT:	TOTAL AREA:	TOTAL COSTS: \$
C.		
OWNER:	PHONE:	
ADDRESS:	STATE: ZIP CODE:	

TMS# _____

RECEIVED BY:____

D.			
ZONIN	NG PERMIT#		
GRAD	ING PERMIT#		
LANDS	SCAPE PERMIT#		
SOUR	CE OF WATER: DHEC#	TAP RECEIPTS: LETTER FROM PROVIDER:	
SEWA	GE DISPOSAL: SEPTIC#	TAP RECEIPTS: LETTER FROM PROVIDER:	
E.			
GENERAL CONTRACTOR: COSTS: \$			
ADDRI	ESS:	STATE: ZIP CODE:	
PHON	E# FAX#	LICENSE# GROUP:	
F.			
1.	1. You should call our office to verify receipt of any applications mailed or faxed in.		
2. We will forward copies of all applications, permits and records to the South Carolina Department			
		on if we suspect that a licensed contractor has "rented" his	
3.	license out and obtained a permit for an unlicensed contractor. 3. I certify that I am the owner / authorized agent of the company listed in Block E and we are the		
General Contractor as defined in section 40-11-20 of the S.C. Code of Laws.			
Signat	ture:	Date:	