



COUNTY OF LEXINGTON, SOUTH CAROLINA

Department of Community Development

Division of Building Inspections

County Administration Building

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**Residential Building Permit Application**

Submitted By: \_\_\_\_\_ Date \_\_\_\_\_

**A. Project Info:**

Property Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Subd: \_\_\_\_\_ Lot: \_\_\_\_\_ Phase: \_\_\_\_\_

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

**Check all that apply to your project: If you're unsure you may ask Clerk for Assistance:**

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

**Check all Inspection Types That Apply:**

TempPwrPole:  / Footing:  / Foundation (if crawlspace):  / PlbgUnderSlab:  / Mono Slab:  / Slab:   
RoughIn:  / Final:  / Provisional Power:  / Will there be Natural Gas in the home: YES  NO

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

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 :\$ \_\_\_\_\_ What Power Company will you be using ? : \_\_\_\_\_

Septic# or Sewer Provider: \_\_\_\_\_

**C. Contractor Info:**

Your Company/Contractor Name: \_\_\_\_\_ LICENSE # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail: \_\_\_\_\_

**CERTIFICATE OF OCCUPANCY WILL BE FAXED TO \_\_\_\_\_ Original CO mailed to applicant**

**D. Property Owner Info:**

Property Owner: \_\_\_\_\_ Phone#: \_\_\_\_\_

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.

**Staff Use Only:**

Rec'd By: \_\_\_\_\_ TMS #: \_\_\_\_\_ RB5: \_\_\_\_\_

DS/PRN: \_\_\_\_\_ Zone: \_\_\_\_\_ Zoning Acc Aff: \_\_\_\_\_ Flood: \_\_\_\_\_ EPSA: \_\_\_\_\_

Notes: \_\_\_\_\_