



### BUILDING PERMIT APPLICATION

Use this form for any of the following types of work:

- Residential/Commercial Building •Upfit/Alteration •Mechanical •Addition/Accessory •Repair

Permit #: \_\_\_\_\_

#### APPLICANTS INFORMATION

Date: _____	S.C. LLR license #: _____	Expiration Date: _____
Name of person applying for permit: _____		Email: _____
Business Name (if applicable): _____		
Address: _____		Phone #: _____
Name of person picking up permit: _____		

#### GENERAL PROJECT INFORMATION

Address of job location: _____
Name of Homeowner or Business at job location: _____
Description of work: _____
_____
Is this parcel or tract of land restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the activity for which you are seeking a permit? Yes _____ No _____
Construction cost: _____
Estimated completion date of work: _____

#### MECHANICAL

If this permit is for <i>Mechanical</i> work please check which type:
<input type="checkbox"/> Electrical <input type="checkbox"/> HVAC <input type="checkbox"/> Plumbing <input type="checkbox"/> Gas <input type="checkbox"/> Solar Panels <input type="checkbox"/> Irrigation –If Yes, <input type="checkbox"/> Domestic <input type="checkbox"/> Well

#### REPAIR

If this permit is for <i>Repair</i> work please check which type:
<input type="checkbox"/> Roof <input type="checkbox"/> Siding/Window <input type="checkbox"/> Deck/Railing <input type="checkbox"/> Foundation <input type="checkbox"/> Other: _____

#### COMMERCIAL STRUCTURE

If this permit is for a <i>Commercial Structure</i> , please provide 3 sets of plans with scope of work for review.
Does this work include the following: <input type="checkbox"/> Demolition (if yes, please provide asbestos survey or DHEC letter) <input type="checkbox"/> Grading
Total square feet: _____ Total heated square feet: _____ Power source: <input type="checkbox"/> Electric <input type="checkbox"/> Gas
Number of floors: _____ Fire sprinkler system? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, How many sprinkler heads? _____
Are subcontractors covered in the construction cost? <input type="checkbox"/> Yes <input type="checkbox"/> No *If YES, please provide a full subcontractor list.
Does the work include: <input type="checkbox"/> Electrical <input type="checkbox"/> HVAC <input type="checkbox"/> Plumbing <input type="checkbox"/> Gas <input type="checkbox"/> Other: _____
(e.g. Fire Protection System)

## RESIDENTIAL STRUCTURE

If this permit is for a *Residential Structure*, please provide a set of plans with scope of work for review.

Type of structure: \_\_\_\_\_

Total square feet: \_\_\_\_\_ Does the work include:  Electrical  HVAC  Plumbing  Gas

## ACCESSORY

If this permit is for an *Accessory* please provide a site plan with building setbacks. ***\*If over 200sqft fill out Residential Structure box.***

Type of accessory: \_\_\_\_\_

Total square feet of accessory: \_\_\_\_\_

Does the work include the following:  Plumbing  Electrical  HVAC  Structural  Other: \_\_\_\_\_

**POOL INSTALLATION NOTICE: Backwashing or draining pool water into storm drains is NOT ALLOWED without a dechlorination or desalination filter. Violations subject to fines up to \$500.00 plus court cost.**

## ADDITION

If this permit is for an *Addition* please provide a site plan with building setbacks and scope of work. ***\*If over 200sqft fill out Residential Structure box.***

Type of addition: \_\_\_\_\_

Total heated square feet: \_\_\_\_\_

What is the power source for heat (check the box that applies):  Gas  Electric

Other Info: \_\_\_\_\_

## UPFIT/ALTERATION

If this permit is for an *Upfit/Alteration* please provide a set of plans with scope of work (3 sets of plans required for all **commercial** upfit/alterations)

Current Occupancy: \_\_\_\_\_ Proposed Occupancy: \_\_\_\_\_

Are the subcontractors covered in the construction cost?  Yes  No ***\*If YES, please provide a full subcontractor list.***

Does the work include the following:  HVAC  Plumbing  Electrical  Gas  Structural Changes

Other: \_\_\_\_\_ (e.g. Fire Protection System)

## DEMOLITION/MOVING

If this permit is for *Demolition/Moving* an asbestos survey or form from S.C. DHEC with this application.

Does this Demolition/Move include the following:

HVAC  Plumbing  Electrical  Gas  Structural Changes  Other: \_\_\_\_\_

## GRADING/PAVING

If this permit is for *Grading/Paving*, submit a land disturbance letter of form from S.C. DHEC with this application.

Please complete and return to the Town of Lexington's Department of Planning, Building & Technology

Email: Tori Bassett [tbassett@lexsc.com](mailto:tbassett@lexsc.com)

Mail: 111 Maiden Ln. Lexington SC 29072

If you have any question please contact Tori Bassett at 803-356-5938