



BUILDING PERMIT APPLICATION

for apartments and other rental multi-family dwellings

APPLICANT INFORMATION

Date: _____

Name of person applying for the permit: _____ S.C. license number: _____

Business name (if applicable): _____

Address: _____ Phone number: _____

Who will sign for and pick up the permit? _____ When? (list a date) _____

PROJECT INFORMATION

Address of building: _____ Lot number of building: _____

Property owner(s)' name: _____

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

Number of parking spaces:

Indoor (garage) spaces		Off-street spaces		Handicapped spaces	
For building	For entire complex	For building	For entire complex	For building	For entire complex

Number of units in building: _____ Number of floors in building: _____

Total heated square feet of all floors of the building: _____

Square feet of the building's footprint:

First floor heated	Porch #1	Porch #2	Deck	Garage	Total

Within the unit:

Number of bedrooms	Number of full bathrooms	Number of partial bathrooms	Total number of rooms

Is power source for heat gas or electric (circle one): Gas Electric

Construction cost: _____

Estimated completion date of work: _____

Please complete and return to the Town of Lexington's Department of Planning, Building, and Technology at 111 Maiden Lane. Please call (803) 356-5938 with any questions.