



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: _____		
Business Name (if applicable): _____		
Address: _____	Phone #: _____	
Name of person picking up permit: _____		

GENERAL PROJECT INFORMATION

Address of job location: _____	TMS#: _____
Name of Homeowner or Business at job location: _____	
Description of work: _____	

If 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"/> Irrigation

REPAIR

If this permit is for <i>Repair</i> work please check which type:				
<input type="checkbox"/> Roof	<input type="checkbox"/> Siding	<input type="checkbox"/> Deck/Railing	<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		
Does the work include: <input type="checkbox"/> Electrical <input type="checkbox"/> HVAC <input type="checkbox"/> Plumbing <input type="checkbox"/> Gas		

RESIDENTIAL STRUCTURE

If this permit is for a <i>Residential Structure</i> , please provide a set of plans with scope of work for review.	
Type of structure: _____	
Total square feet: _____	Does the work include: <input type="checkbox"/> Electrical <input type="checkbox"/> HVAC <input type="checkbox"/> Plumbing <input type="checkbox"/> 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: _____

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

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

Other: _____

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 Coker vcoker@lexsc.com or Margie Jeffcoat mdjeffcoat@lexsc.com

Fax: 803-358-1552

Mail: 111 Maiden Ln. Lexington SC 20972

If you have any question please contact Tori Coker at 803-356-5938 or Margie Jeffcoat at 803-358-1532