



## BUILDING PERMIT APPLICATION for single-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 residence: \_\_\_\_\_ Lot number of residence: \_\_\_\_\_

Name of subdivision: \_\_\_\_\_

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

Information about the residence:

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

Square feet of the structure's footprint:

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

Square feet of bonus room: \_\_\_\_\_ Is bonus room finished or unfinished? (circle one) Finished Unfinished

Square feet of basement: \_\_\_\_\_ Is basement finished or unfinished? (circle one) Finished Unfinished

Total heated square feet of all floors: \_\_\_\_\_

Square feet of accessory structure (if any): \_\_\_\_\_ Type of structure: \_\_\_\_\_

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

Sewer tap certificate: \_\_\_\_\_

Land cost: \_\_\_\_\_ 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.