



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

Mail: 111 Maiden Ln. Lexington SC 29072

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