City of Lexington P.O. Box 35 Lexington, GA 30648	**Residential Building Permit Application**

☐ **Single Family** ☐ **Multi Family** ☐ **Alteration/ Addition**	**Date: _____ /_____ /_____** **Permit No. _____** **Estimated Cost of Construction (Labor and Materials): $_____**

JOB SITE ADDRESS: **PROJECT NAME:**

Use Classification:	Lot/Suite #:	Zoning Class: Map & Parcel:

Description of Work : _____

_____

Property Owner	Name:	
	Address: Zip:	Phone: Email:
General Contractor	Name:	Ga License No.:
	Address: Zip:	Phone: Email:

Building Height: _____ Number of Units: _____ Flood Zone: □ yes □ no	#Bedrooms _____ #Bathrooms _____ [ ]Slab [ ]Basement [ ]Crawl Garage: [ ]Attached [ ]Detached	Contact Person: Phone: Fax: Email:

Total Heated Sq. Ft.: _____ Total Unheated Sq. Ft.: _____

Notice: No changes shall be made from that which is stated in this application, or in attached plans and specifications, except by submitting a revised application, plans and/or specifications and receiving approval of the Chief Building Official for such change. Granting of a permit shall not be construed as a permit for or an approval of any violation of the Building Code or any other state or local law regulating construction or the performance of construction. I hereby certify that I have read and examined this application and the information provided herein is true and correct. I further certify that all construction will comply with the International Building Codes.

Signature of Applicant : Date:

FOR OFFICE USE ONLY	Code Official Signature:	
Construction Type:	Occupancy:	LDP Required: □ yes □ no

	Sq. Footage	Valuation Multiplier	Valuation $	
Heated				
Unheated				
TOTAL				

Administrative Fee:	Building Permit Fee:	Plan Review Fee:	CO Fee:	Total Fee:
$ _____	$ _____	$ _____	$ _____	$ _____