

APPLICATION FOR BUILDING PERMIT

TOWN OF LEXINGTON
CODE ENFORCEMENT OFFICE

PERMIT NO. _____
ISSUED _____
EXPIRES _____

ALL CONSTRUCTION TO BE IN COMPLIANCE WITH NEW YORK STATE
UNIFORM FIRE PREVENTION AND BUILDING CODE AND OF TOWN OF
LEXINGTON ZONING ORDINANCES.

GENERAL INFORMATION:

TAX MAP NO. _____
OWNERSHIP: PRIVATE: _____
PUBLIC: _____
COMMERCIAL: _____

APPLICANT:

NAME: _____
ADDRESS: _____

TELEPHONE NO: _____
E-MAIL: _____

PROPERTY OWNER:

NAME: _____
ADDRESS: _____
TELEPHONE NO: _____

CONSTRUCTION LOCATION:

STREET NO. _____ STREET NAME: _____
REQUEST FOR 911 ADDRESS: _____

ZONING DISTRICT:

HAMLET: _____ RURAL RESIDENTIAL: _____ CONSERVATION: _____
FLOOD PLAIN: SITE ___ IS ___ IS NOT WITHIN A FLOOD PLAIN
WETLAND: SITE ___ IS ___ IS NOT IN A DESIGNATED WETLAND

LOT INFORMATION:

LOT DIMENSIONS _____ FEET WIDE _____ FEET DEEP
FRONT YARD SETBACK _____ REAR YARD SETBACK _____
LEFT SIDE YARD SETBACK _____ RIGHT SIDE YARD SETBACK _____

USE:

EXISTING USE _____ PROPOSED USE _____
OCCUPANCY TYPE _____ CONSTRUCTION TYPE _____

TYPE OF WORK TO BE DONE:

NEW _____ ADDITION _____ ALTERATION _____ OTHER _____

PROPOSED BUILDING:

HEIGHT____ACTUAL STORIES____TOTAL SIZE____SQUARE FEET____
TYPE OF FRAME____TYPE OF FOUNDATION____
TOTAL NUMBER OF ROOMS____BATHROOMS____BEDROOMS____
PRIMARY HEAT SYSTEM____TYPE OF FUEL____
SPRINKLERS____NO. OF FIREPLACES____NO.OF WOODSTOVES____
CENTRAL AIR CONDITIONING____
SEPTIC TYPE____WELL____
TYPE:

UNDER HOUSE____ATTACHED____DETACHED____

NUMBER OF CARS____

SMOKE DETECTORS____CARBON MONOXIDE DETECTORS____

ARCHITECT/ENGINEER:

NAME____

ADDRESS____

TELEPHONE NO:____

E-MAIL____

PROFESSIONAL LICENCE NO:____

GENERAL CONTRACTOR:

NAME____

ADDRESS____

TELEPHONE NO____CELL NO:____

E-MAIL____

LIABILITY CARRIER____

POLICY NO.____

NOTE: CONTRACTORS MUST SHOW PROOF OF INSURANCE IT IS THE LAW.....

NAMES, ADDRESSES AND PHONE NOS. OF ALL SUBCONTRACTORS:

**NOTE: GREENE COUNTY ELECTRICIAN MUST BE USED FOR ALL WORK IN THE
OF LEXINGTON AND GREENE COUNTY.....**

COST AND FEES:

ESTIMATED COST OF PROJECT \$____

C O or C C fee \$50.00

Total cost of building permit \$____

**NOTE: ALL FEES TO BE PAID BY CHECK OR MONEY ORDER MADE OUT TO
TOWN OF LEXINGTON.**

PROVIDED WITH THIS APPLICATION:

**TWO COMPLETE SETS OF PLANS DRAWN TO SCALE _____ PLOT PLAN _____ DEP
PERMIT _____ ENERGY AUDIT _____ MATERIALS LIST _____ ELECTRICAL
LAYOUT _____ PLUMBING LAYOUT _____ MECHANICAL SPECS _____**

NOTE: NO PERMIT WILL BE ACTED ON WITHOUT A DEP SEPTIC APPROVAL.

AFFIDAVIT:

**I SWEAR TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT STATEMENTS
CONTAINED IN THIS APPLICATION, TOGETHER WITH THE PLANS AND
SPECIFICATIONS SUBMITTED, ARE TRUE AND COMPLETE STATEMENTS
OF ALL PROPOSED WORK TO BE DONE ON THE DESCRIBED PREMISES AND
THAT ALL PROVISIONS OF THE NEW YORK STATE BUILDING CODE, TOWN
OF LEXINGTON ZONING ORDINANCE, AND ALL OTHER LAWS PERTAINING
TO THE PROPOSED WORK SHALL BE COMPLIED WITH, WHETHER SPECIFIED
OR NOT, AND THAT SUCH WORK IS AUTHORIZED BY THE OWNER.**

**SIGNATURE: _____ DATE: _____
(OWNER OR OWNERS AGENT)**

TO BE COMPLETED BY CODE ENFORCEMENT OFFICER

**PERMIT GRANTED DATE: _____ SIGNED _____
PERMIT DENIED DATE: _____ SIGNED _____
REASON FOR DENIAL: _____**

**VARIANCE/SPECIAL PERMIT REQUESTED
BY _____ DATE _____**

**VARIANCE/SPECIAL PERMIT GRANTED
BY _____ DATE _____**

**CERTIFICATE OF OCCUPANCY GRANTED
BY _____ DATE _____**

**CERTIFICATE OF COMPLIANCE GRANTED
BY _____ DATE _____**