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