

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: _____
ZONING DISTRICT:
HAMLET: _____ RURAL RESID: _____ CONSERVATION: _____

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 PROFF 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 _____ PLOT PLAN _____ DEP PERMIT _____
ENERGY AUDIT _____ MATERIALS LIST _____ ELECTRICAL LAYOUT _____
PLUMBING LAYOUT _____

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 REGUESTED
BY _____ DATE _____

VARIANCE/SPECIAL PERMIT GRANTED
BY _____ DATE _____

CERTIFICATE OF OCCUPANCY GRANTED
BY _____ DATE _____

CERTIFICATE OF COMPLIANCE GRANTED
BY _____ DATE _____