

# CITY OF LEXINGTON BUILDING DEPARTMENT

CITY OF LEXINGTON PO Box 70, Lexington, NE 68850 Phone: 308-324-2341 Ext. Fax: 308-324-4590

## APPLICATION FOR COMMERCIAL CONSTRUCTION

2006

### OWNER

Name:		Mailing Address:		Unit #:	
City:			State:	Zip:	
Phone:	Fax:	Cell:	E-Mail:		

### CONTRACTOR

Name:		Mailing Address:		Unit #:	
City:			State:	Zip:	
Phone:	Jobsite Phone:	City License No.:			

### ARCHITECT/ENGINEER OF RECORD (Required if over \$80,000)

Name:		Mailing Address:		Unit #:	
City:			State:	Zip:	
Phone:	Cell Phone:	Professional License No.:			

### JOB SITE INFORMATION

Job Address:		Unit #:	Flood Zone:	Zoning:
Subdivision:		Lot#:	Block:	

Description & Location of work on premises/special conditions:

**DIGGERS HOTLINE:**  
1-800-331-5666

### BUILDING INFORMATION

Building Description	Building Details	Items Required for Submittal
<input type="radio"/> New Commercial <input type="radio"/> Remodel Commercial <input type="radio"/> School <input type="radio"/> Duplex <input type="radio"/> Apartments <input type="radio"/> Other: _____ <input type="radio"/> Lot size: _____	Existing Area: _____ New Area: _____ No. of Stories: _____ Basement Area: _____ Type of Construction New: _____ Existing: _____ Occupancy: New: _____ Existing: _____	<ul style="list-style-type: none"> <li>▪ Complete set of stamped drawings</li> <li>▪ Specifications</li> <li>▪ Legal Description</li> <li>▪ Physical Address</li> </ul>
		<b><u>NOTE:</u></b> <b>Other permits are required for the completion of project.</b>

I hereby certify I have read and examined this application and corresponding documents.  
All provisions of laws and ordinances governing this work will be complied with, whether specified or not.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

Date Rec'd:	Issued By:	Est. Cost:	Fee Due:	<input type="checkbox"/> Paid
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