

CITY OF LEXINGTON

DEVELOPMENT SERVICES DEPARTMENT

APPLICATION FOR COMMERCIAL CONSTRUCTION PERMIT				
OWNER				
Name:		Mailing Address:		Unit #:
City:		State:		Zip:
Phone:	Cell:	E-Mail:		
CONTRACTOR				
Name:		Mailing Address:		Unit #:
City:		State:		Zip:
Phone:		E-Mail:		
ARCHITECT				
Name:		Mailing Address:		Unit #:
City:		State:		Zip:
Phone:		Cell Phone:	E-Mail:	
JOB INFORMATION				
Job Address:		Flood Zone:	Zoning:	
Legal Description:			Estimated Cost of Project:	
Description & Location of work on premises/special conditions:			NPDES #	
			<u>Diggers Hotline:</u> 1-800-331-5666	
BUILDING INFORMATION				
Building Description	Building Details		Items Required for Submittal	
	Existing Area :		<ul style="list-style-type: none">Completed set of stamped drawingsSpecificationsPhysical AddressSWPPP if over an acre disturbed <input type="checkbox"/> Check upon receiving stormwater pollution prevention material from City Staff.	
	New Area:			
	No. of Stories:		<u>NOTE:</u> You must contact the Nebraska State Fire Marshal and Nebraska State Electrical Inspector before permit issuance	
	Basement Area:			
	Type Of Construction:			
	Occupancy:			
	Building Use:			
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:	FEES CHARGED	FEES PAID