



# City of Lexington

## BUILDING INSPECTION/CODE ENFORCEMENT

Planning ~ Zoning ~ Inspection ~ Code Compliance

919 Franklin Avenue, Lexington, MO 64067~ (660) 259-4633 ~ Fax (660) 259-4093

### BUILDING PERMIT APPLICATION

Site Address: \_\_\_\_\_  
Legal Description: \_\_\_\_\_  
Zoning: \_\_\_\_\_ Lots: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Phase: \_\_\_\_\_  
Total Area Square Footage: \_\_\_\_\_  
Area of Proposed Structure: \_\_\_\_\_

*\*Application/Permit*  
**NUMBER:**

*\*Application Number will become PERMIT  
NUMBER when the building permit is issued*

### PROJECT DESCRIPTION

**TYPE OF WORK:** ( ) New Construction ( ) Remodel ( ) Addition ( ) Repair ( ) Change of Use ( ) Demolition

**TYPE OF PERMIT:** ( ) Building ( ) Plumbing ( ) Electrical ( ) Mechanical ( ) Fuel Gas ( ) Sign ( ) Demo

**TYPE OF STRUCTURE:** ( ) Single Family Dwelling ( ) Two Family Dwelling ( ) Garage ( ) Storage Shed

( ) Multifamily -Units: \_\_\_\_\_ ( ) Swimming Pool ( ) Commercial ( ) Other: \_\_\_\_\_

**SCOPE OF WORK:** \_\_\_\_\_

**PROPERTY OWNER:** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTOR:** \_\_\_\_\_  
Contact name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

**AGENT FOR:** ( ) Owner ( ) Contractor  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Fax or email: \_\_\_\_\_  
Lexington Business License: ( ) Yes ( ) No

**PERMIT APPLICANT:** I am the ( ) Property Owner ( ) Contractor ( ) Agent  
Valuation of Project: \$ \_\_\_\_\_ Permit Fee: \$ \_\_\_\_\_  
Permit Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*All entries made by me are true and accurate to the best of my knowledge*

Permit Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Building Official

Review by Fire Inspector: \_\_\_\_\_ Public Works: \_\_\_\_\_

**NOTICE REGARDING DISPOSAL OF CONSTRUCTION DEMOLITION WASTE:**

The disposal of demolition waste is regulated by the Department of Natural Resources. Under Chapter 260 Hazardous Waste Management Laws, RSMo (260.345 through 260.575) such waste, in types and quantities established by the Department, shall be taken to a demolition landfill or a sanitary landfill for disposal. Builders, owners, and demolition contractors are responsible for complying with Department of Natural Resources regulations regarding asbestos inspections, notifications, and disposal. For more information, call 800-361-4827 or visit the Department's website at [www.dnr.mo.gov/env/apcp/asbestos.htm](http://www.dnr.mo.gov/env/apcp/asbestos.htm) The applicant hereby certifies that they have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law.

**PLEASE NOTE:**

- A Current occupation license is required for all contractors prior to performing work.
- It is your responsibility to call for inspections with a 24-hour notice. Someone representing the permit applicant must be present at the time of inspection.
- All permits expire within 180 days.
- Demolition permits require a performance bond.

Signature of owner or authorized agent: \_\_\_\_\_ Date: \_\_\_\_\_