

# CITY OF LEXINGTON

## Planning Department

300 East Washington Street  
Lexington, Virginia 24450  
[540] 462-3704; fax [540] 463-5310

# APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

Date of Application: \_\_\_\_\_

### I. Location of Building

\_\_\_\_\_ Zoning district \_\_\_\_\_  
between \_\_\_\_\_ and \_\_\_\_\_  
(cross street) (cross street)  
Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Lot size \_\_\_\_\_

### II. Type of Cost of Building (all applicants complete Parts A-D)

#### A. Type of Improvement

- 1.  New building
- 2.  Addition (If residential, enter number of new housing units added, if any, in Part D, 13)
- 3.  Alteration (See 2 above)
- 4.  Repair, replacement
- 5.  Wrecking (If multifamily residential, enter number of units in building in Part D, 13)
- 6.  Moving (relocation)
- 7.  Foundation only

#### B. Ownership

- 8.  Private (individual, corporation, non-profit institution, etc.)
- 9.  Public (Federal, State, or local government)

#### C. Cost

- 10. Cost of improvement \$ \_\_\_\_\_  
To be installed, but not included in the above cost:
  - a. Electrical \_\_\_\_\_
  - b. Plumbing \_\_\_\_\_
  - c. Heating, air conditioning \_\_\_\_\_
  - d. Other (elevator, etc.) \_\_\_\_\_
- 11. Total cost of improvement \$ \_\_\_\_\_

#### D. Proposed Use - For "wrecking," most recent use

##### Residential

- 12.  One family
- 13.  Two or more family - Enter number of units
- 14.  Transient hotel, motel, or dormitory - Enter number of units
- 15.  Garage
- 16.  Carport
- 17.  Other - Specify \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

##### Nonresidential\*

- 18.  Amusement, recreational
- 19.  Church, other religious
- 20.  Industrial
- 21.  Parking garage
- 22.  Service station, repair garage
- 23.  Hospital, institutional
- 24.  Office, bank, professional
- 25.  Public utility
- 26.  School, library, other educational
- 27.  Stores, mercantile
- 28.  Tanks, towers
- 29.  Other - Specify \_\_\_\_\_

\*Nonresidential - Describe in detail proposed use of buildings (e.g. food processing plant; machine shop; laundry building at hospital; elementary, secondary or parochial school; college; parking garage; department store; rental office building; office building; or industrial plant. If use of existing building is being changed, enter proposed use. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Selected Characteristics of Building -**

(For new buildings and additions, complete Parts E-L; for wrecking, complete only Part J, for all others skip for Part IV.)

<p><b>E. Principal Type of Frame</b></p> <p>30. <input type="checkbox"/> Masonry (wall bearing)</p> <p>31. <input type="checkbox"/> Wood frame</p> <p>32. <input type="checkbox"/> Structural steel</p> <p>33. <input type="checkbox"/> Reinforced concrete</p> <p>34. <input type="checkbox"/> Other - <i>Specify</i> _____</p> <p>_____</p> <p>_____</p>	<p><b>F. Principal Type of Heating Fuel</b></p> <p>35. <input type="checkbox"/> Gas</p> <p>36. <input type="checkbox"/> Oil</p> <p>37. <input type="checkbox"/> Electricity</p> <p>38. <input type="checkbox"/> Coal</p> <p>39. <input type="checkbox"/> Other - <i>Specify</i> _____</p> <p>_____</p> <p>_____</p>	<p><b>G. Type of Sewage Disposal</b></p> <p>40. <input type="checkbox"/> Public or private company</p> <p>41. <input type="checkbox"/> Private (septic tank, etc.)</p> <hr/> <p><b>H. Type of Water Supply</b></p> <p>42. <input type="checkbox"/> Public or private company</p> <p>43. <input type="checkbox"/> Private (well, cistern)</p>
<p><b>I. Type of Mechanical</b></p> <p>Will there be central air conditioning?</p> <p>44. <input type="checkbox"/> Yes</p> <p>45. <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46. <input type="checkbox"/> Yes</p> <p>47. <input type="checkbox"/> No</p>	<p><b>J. Dimensions</b></p> <p>48. Number of stories _____</p> <p>49. Total sq. feet of floor area, all floors, based on exterior dimensions _____</p> <p>50. Total land area, sq. ft. _____</p>	<p><b>K. Number of Off-Street Parking Spaces</b></p> <p>51. Enclosed _____</p> <p>52. Outdoors _____</p> <hr/> <p><b>L. Residential Buildings Only</b></p> <p>53. Number of bedrooms _____</p> <p>54. Number of bathrooms</p> <p style="padding-left: 20px;">Full _____</p> <p style="padding-left: 20px;">Partial _____</p>

**III. Identification: Contractors' Information** (to be completed by all applicants; use additional sheets as necessary)

	Name of Contractor <small>(last name, first name)</small>	Address/Telephone <small>(Street, City, State, Zip, phone)</small>	License No.
<b>Applicant (not owner)</b>			
<b>Owner/Lessee</b>			
<b>Architect/Engineer</b>			
<b>General Contractor</b>			
<b>Excavation</b>			
<b>Concrete</b>			
<b>Carpentry</b>			
<b>Electrical</b>			
<b>Plumbing</b>			
<b>Sewer</b>			
<b>Mechanical</b>			
<b>Roofing</b>			
<b>Masonry</b>			
<b>Drywall or Lathing</b>			
<b>Sprinkler</b>			
<b>Paving</b>			
<b>Fire Alarm</b>			

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City, State, Zip

**IV. Site or Plot Plan - For Applicant Use**

A large rectangular area filled with a light gray grid pattern, intended for the applicant to draw a site or plot plan. The grid consists of small squares and covers most of the lower half of the page.

**V. Plan Review Record**

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
Building		\$					
Plumbing		\$					
Mechanical		\$					
Electrical		\$					
Other _____		\$					

**VI. Additional Permits Required or Other Jurisdiction Approvals**

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
Boiler					Plumbing				
Curb or Sidewalk Cut					Roofing				
Elevator					Sewer				
Electrical					Sign or Billboard				
Furnace					Street Grades				
Grading					Use of Public Areas				
Oil Burner					Wrecking				
Other _____					Other _____				

**VII. Validation**

Building Permit Number _____	Building Permit Fee	\$ _____
Building Permit Issued _____	Zoning Permit Fee	\$ 10.00
	Certificate of Occupancy	\$ _____
	Drain Tile	\$ _____
	Plan Review Fee	\$ _____
Approved by: _____	Use Group	_____
Title _____	Fire Grading	_____
Date: _____	Live Loading	_____
	Occupancy Load	_____

**VIII. Zoning Permit By Zoning Administrator**

District	
Use	
Front Yard	
Side Yard	Side Yard
Rear Yard	
Notes	