

## Commercial Permit Requirements

- Completed permit application and pay fee;
  - If the building is existing, a Certificate of Occupancy Application must be completed;
- Complete set of stamped drawings to scale;
  - If no structural alterations are being proposed an architect's stamp is not required;
  - If disturbing more than an acre, a Stormwater Pollution Prevention Plan must be provided along with a Notice of Intent submitted to the Nebraska Department of Environmental Quality.
  - Site plan to include all parking and landscaping requirements;
  - If in a high hazard flood area an elevation certificate must be obtained;
  - A digital copy of all drawings is required;
- Fire Marshal review is required before a Certificate of Occupancy is issued. Working without a Fire Marshal review is at your risk.
- All electrical permits issued by the Nebraska State Electrical Division. No Certificate of Occupancy will be issued until the State Electrical inspector has completed a final inspection.
- All City of Lexington Codes must be followed

### Nebraska State Electrical Division

521 South 14th Street, Suite 400  
PO Box 95066  
Lincoln, NE 68508-2707  
PH: 402.471.3550 - FX: 402.471.4297

Gary Lofton  
[gary.lofton@nebraska.gov](mailto:gary.lofton@nebraska.gov)  
PO Box 372  
McCook NE 69001  
(308) 325-2219-Cellular

### Nebraska State Fire Marshall

246 South 14th Street  
Lincoln, NE. 68508  
402-471-9469

Mike Hoeft  
[mike.hoeft@nebraska.gov](mailto:mike.hoeft@nebraska.gov)  
(402) 395-2164-Office  
(308) 530-9493-Cellular

**CITY OF LEXINGTON**

**DEVELOPMENT SERVICES DEPARTMENT**

<b>APPLICATION FOR COMMERCIAL CONSTRUCTION PERMIT</b>				
<b>OWNER</b>				
Name:		Mailing Address:		Unit #:
City:		State:		Zip:
Phone:	Fax:	Cell:	E-Mail:	
<b>CONTRACTOR</b>				
Name:		Mailing Address:		Unit #:
City:		State:		Zip:
Phone:			E-Mail:	
<b>ARCHITECT</b>				
Name:		Mailing Address:		Unit #:
City:		State:		Zip:
Phone:		Cell Phone:	E-Mail:	
<b>JOB INFORMATION</b>				
Job Address:		Flood Zone:	Zoning:	
Legal Description:			Estimated Cost of Project:	
Description & Location of work on premises/special conditions:			NPDES #	
			<b><u>Diggers Hotline:</u></b> 1-800-331-5666	
<b>BUILDING INFORMATION</b>				
Building Description	Building Details		Items Required for Submittal	
	Existing Area :		<ul style="list-style-type: none"><li>Completed set of stamped drawings</li><li>Specifications</li><li>Physical Address</li></ul>	
	New Area:			
	No. of Stories:		<b><u>NOTE:</u></b> <b>Other permits are required for the completion of project.</b>	
	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: _____				
<b>OFFICE USE ONLY</b>				
Date Rec'd:	Issued By: <b>Mark Yung</b>	Est. Cost:	FEES CHARGED	FEES PAID



308-324-2341 ♦ Fax: 308-324-4590 ♦ www.cityoflex.com  
406 East 7th Street ♦ P.O. Box 70 ♦ Lexington, Nebraska 68850-0070

## Certificate of Occupancy Application

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

Business Address: \_\_\_\_\_

Owner/Tenant Name: \_\_\_\_\_

Owner/Tenant Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Description of the proposed business (MUST BE IN DETAIL): \_\_\_\_\_

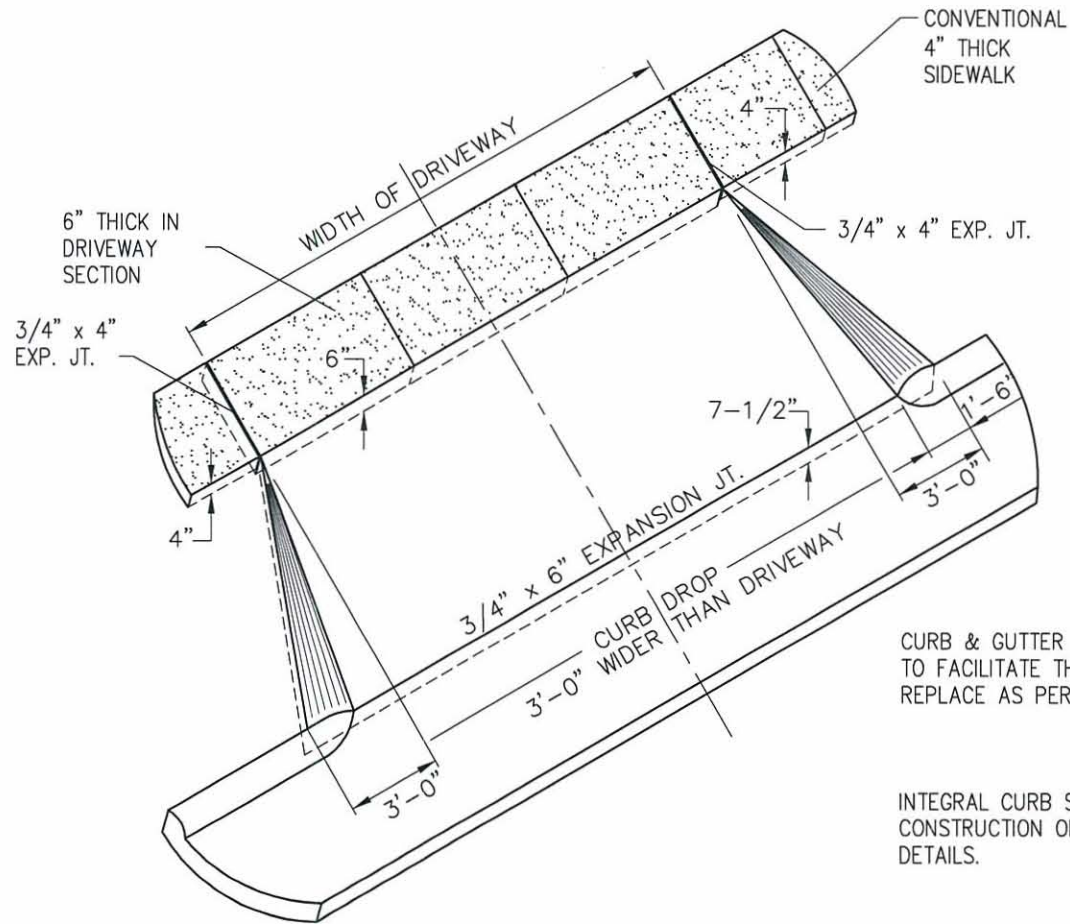
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This application for Certificate of Occupancy must be accompanied with a detailed floor plan of the main structure and site plan showing both existing and proposed structures. Any other information required to enable the City Staff to determine if the plan complies with zoning and building regulations must be submitted for approval.

*If the application is denied, the Building Official will provide a plan review detailing the requirements for approval.*

Signature of Applicant: \_\_\_\_\_

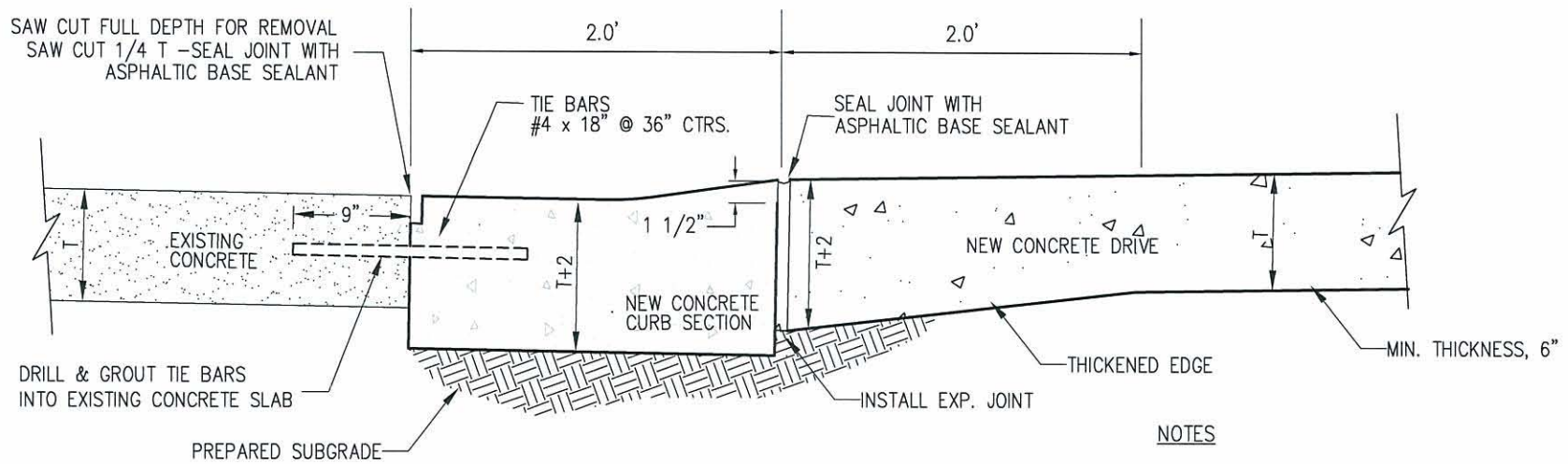
Signature of Building Official upon approval: \_\_\_\_\_ Date: \_\_\_\_\_



CURB & GUTTER SECTIONS - REMOVE CURB & GUTTER AS REQUIRED TO FACILITATE THE CONSTRUCTION OF THE DRIVE AND FLARES. REPLACE AS PER CITY OF LEXINGTON DETAILS

INTEGRAL CURB SECTIONS SHALL BE SAW CUT TO FACILITATE THE CONSTRUCTION OF DRIVEWAY AND FLARES AS PER CITY OF LEXINGTON DETAILS.

DRIVEWAY RETURN DETAIL  
WITH TERRACE SIDEWALK  
NO SCALE



NOTES

1. CONCRETE MIX DESIGN FOR STREET AND SIDEWALK REPAIR SHALL BE NDOR, TYPE 47B WITH A MAXIMUM SLUMP OF 3 INCHES.
2. REPAIR AREAS SHALL BE INSPECTED BY THE CITY OF LEXINGTON BUILDING INSPECTOR PRIOR TO PLACEMENT OF CONCRETE.
3. CURE TIME SHALL BE MINIMUM 7 DAYS BEFORE OPENING THE REPAIR AREA TO VEHICLE TRAFFIC.

DRIVEWAY RETURN DETAILS

NO SCALE

Office Use Only

Commercial Construction Checklist

- \_\_\_\_\_ Commercial Building Application
- \_\_\_\_\_ Is a Change of Occupancy form required?
- \_\_\_\_\_ Complete Set of Stamped Drawings (if required)
- \_\_\_\_\_ Is the zoning correct for the project?
- \_\_\_\_\_ Does the project meet the Comprehensive Plan?
- \_\_\_\_\_ Will the project fit inside the zoning setbacks?
- \_\_\_\_\_ Is the project in a high-hazard floodplain? ("A" Zones)
- \_\_\_\_\_ Is the project over an acre of disturbed ground? Has a SWPPP been submitted to the NDEQ?
- \_\_\_\_\_ Has a plan been submitted to the State Electrical Division?
- \_\_\_\_\_ Has the plan been submitted to the NSFMD?
- \_\_\_\_\_ Does the plan meet the ADA requirements?
- \_\_\_\_\_ Plan Review completed?