

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 NEW HOME CONSTRUCTION

2003

OWNER

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

CONTRACTOR

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

ARCHITECT (Required if over 5,000 sq. ft.)

Name:		Mailing Address:			
City:		State:	Zip:		
Phone:	Fax:	Professional License No.:			

JOB SITE INFORMATION

Job Address:		Bldg/Unit No.:			
Lot#:	Block:	Subdivision:			
Zoning:		Flood Zone:			

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"/> 1 Story <input type="radio"/> 2 Story <input type="radio"/> Basement <input type="radio"/> Attached Garage <input type="radio"/> Attached Carport <input type="radio"/> Covered Port/Deck <input type="radio"/> Open Decks <input type="radio"/> Other: _____ <input type="radio"/> Lot size: _____	No. of Bedrooms: _____ No. of Bathrooms: _____ Dwelling: _____ sq/ft Garage: _____ sq/ft Carport: _____ sq/ft Covered Porch: _____ sq/ft Covered Deck: _____ sq/ft	<input type="checkbox"/> Site Plan <input type="checkbox"/> Floor Plan (Additions) <input type="checkbox"/> Wall Section(s) <input type="checkbox"/> Legal Description <input type="checkbox"/> Physical Address
		<u>NOTE:</u> Other permits are required for the completion of this home.

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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NOTICE: This permit expires within 180 days after issuance if no construction activity has taken place