



Livingston Building Department Permit Application

Residential

Commercial

Sign

Well

Demolition

APPRAISED VALUATION: \$ _____

SITE ADDRESS: _____

LEGAL DESCRIPTION: _____ ZONING: _____

PROJECT OR BUSINESS NAME: _____

APPLICANT'S NAME: _____ PHONE: _____

MAILING ADDRESS: _____

PROPERTY OWNER: _____ PHONE: _____

MAILING ADDRESS: _____

GENERAL CONTRACTOR: _____ PHONE: _____

ARCHITECT: _____ PHONE: _____

ENGINEER: _____ PHONE: _____

PLUMBER: _____ PHONE: _____

ELECTRICIAN: _____ PHONE: _____

PROJECT DESCRIPTION: _____

No building or structure shall be erected, moved, added to or structurally altered without a valid permit. This APPLICATION form is to be completed for all development proposals, which need building permits, pursuant to Chapter 6 of Livingston Municipal Code. This APPLICATION form must be completed by the applicant and approved by the appropriate Departments prior to building permit issuance. Applications will not be accepted without a signature. Incorrect information provided in conjunction with this APPLICATION may result in the delay or revocation of building and/or occupancy permits.

SIGNED: _____ DATE: _____

date received: _____

completion due date: _____