



Code Enforcement Officer
Livermore Falls Town Office
2 Main Street
Livermore Falls, ME 04254

Building Permit Application

Date: _____ Name of Applicant _____

Applicants Phone # _____ Business Name _____

Applicants Address _____

Property Location _____

Property Owner _____ Phone # _____

Owners Address _____

Tax Map _____ Lot # _____ Commercial _____ Residential _____ Zone _____

Brief Description of Project (adding a 20' x 30' garage)

Town Sewer _____ Private Sewer _____ Estimated Cost _____

All information provided on this application is true to the best of my knowledge.

Signature of Applicant _____

Please supply a plot plan and allow five business days to process this application

Approved _____ Denied _____ Reason for denial _____

Kenneth Pratt CEO _____ Date _____

Code Enforcement Office Hours: Thursday 9:30 through 2:00 or by appointment

**CEO hours are
subject to change
without notice*

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