



Town of Livermore Falls

Building Permit Application

Date:	Name of Applicant:				
Applicants Phone #:	Applicants Phone #:Business Name:				
Applicants Address:					
Property Location:					
Property Owner:			Phone #:		
Owners Address:					
Тах Мар:	Lot #: (Commercial:	Residential:	Shoreland Zone:	
Brief Description of Project and Intended Use:					
Please provide a sketch of your property showing location and dimension of proposed building/addition with distances to any septic systems, wells, roads, property lines and bodies of water. Use the back of this application or attach a separate sheet.					
	double the permit for			s not obtained before work e provided before a building	
Town Sewer: Private Sewer: Plumbing Permit #:					
All information provided on this application is true to the best of my knowledge.					
Signature of Appli	cant:			Date:	
	 F(OR CODE ENFORC	EMENT USE		
Approved De	enied		Building Permi	t #:	
Reason for Denial	:				
CEO:				Date:	
CEO Information:	Richard Gree Office: (207) Email: <u>ceo@</u>	897-3321	Office Hou	rs: Tuesday & Wednesday 8:30 am – 5:30 pm	

2 Main Street Livermore Falls, Maine 04254 Phone (207) 897-3321 FAX (207) 897-9397