

Application for Construction Permit - Email to: permitcenter@LivermoreCA.gov

	-For Office Use Only-	
Date Received:	Permit Number:	Bin Number:
Date Applicant Contacted:	Contacted By:	
Project Address:		APN#
Applicant's Name:	Telephone #	
Applicant's Address:	City	StateZip Code
Email address:		
PROPERTY OWNER:	CONTRAC	CTOR (If owner/builder, check here)
Name:	Name:	
Address:	Address: _	
City/Zip:		
Telephone Number:		Number:
email address:	email addre	ess:
	State Licen Type:	nse Number:
Tenant Name:	Architect/En	ngineer Name:
Telephone Number:	Email address: Telephone Number:	
Project is: Residential Type of Work is: New Building/S		
Description of proposed work:		
	Project Valuat	(Required for Building Permits)
Occupancy Use: Type of Co	nstruction: Number of Sto	ories: Zoning Use:
Fire Sprinklers: (Existing Building		
Dist. April and Alama		
Print Applicant Name:		
Applicant's Signature:		

phone: (925) 960-4410

TDD: (925) 960-4104