

# LIVINGSTON COUNTY, MO BUILDING PERMIT

Date \_\_\_\_\_

Applicant \_\_\_\_\_

Address \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**The following information applies to the property where permit is required.**

Zoning District \_\_\_\_\_

Legal Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Township \_\_\_\_\_

911 Address \_\_\_\_\_

Building to be used for \_\_\_\_\_

Building Size: Width \_\_\_\_\_ Depth \_\_\_\_\_ Height \_\_\_\_\_ Stories \_\_\_\_\_

Building Material: Exterior Walls \_\_\_\_\_ Roofing \_\_\_\_\_

Completion Date: \_\_\_\_\_ Permit Expires \_\_\_\_\_

Estimated Cost \_\_\_\_\_ Permit Fee \_\_\_\_\_

AREA OF GROUND \_\_\_\_\_ SEWER SYSTEM \_\_\_\_\_  
\_\_\_\_\_

## SETBACKS:

Front Yard \_\_\_\_\_ Rear Yard \_\_\_\_\_

Side Yard \_\_\_\_\_ Side Yard \_\_\_\_\_

REMARKS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The applicant hereby agrees to abide by and comply with all building and health laws of the Zoning Order of Livingston County, MO

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Zoning Administrator

Building Permit Number \_\_\_\_\_ issued this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

THIS PERMIT MUST BE KEPT ON THE WORK SITE.  
COPY TO: COUNTY CLERK • FEC • ZONING ADMINISTRATOR • ASSESSOR