



Permit #: _____
Application Fee: _____
Date Submitted: _____
Received by: _____

CITY OF LIVINGSTON
TEMPORARY USE PERMIT APPLICATION

- 1. Project Location _____ APN _____ - _____ - _____
- 2. Name of Project _____
- 3. Property Owner _____ Phone _____
- 4. Address _____
- 5. Applicant _____ Phone _____
- 6. Address _____

PROJECT INFORMATION

- 1. Zoning _____
- 2. Existing Use of Property _____
- 3. Proposed Use of Property _____
- 4. Project Description, describe in detail (i.e., off-street parking, public services, lighting, security, etc.). Attach additional sheets, if necessary.

(Submit Project Location Map with Application)

- 5. Dates of operation (not to exceed 30 days) _____

- 6. Hours of Operation _____

Signature of Owner _____ **Date** _____
(Required to process application)

Signature of Applicant _____ **Date** _____

PERMIT APPROVAL *(For Office Use Only)*

Approved by (print) _____ **Title** _____

Signature _____ **Date** _____