TOWN OF BATH
BUILDING PERMIT

NOTE: ADDITIONAL $50 FEE FOR WORK BEGUN BEFORE BUILDING PERMIT IS ISSUED BY C.E.O.

FORM OF PAYMENT: Cash
Check #

PERMIT NO. __________________

Date Received __________________

Date Issued __________________

FEE /

NOTE: NO PROJECTS TO BE USED OR OCCUPIED UNTIL FINAL INSPECTION AND APPROVAL!

1. Code Enforcement Officer, (607) 776-6184, MUST be notified:
   1. BEFORE covering septic system
   2. BEFORE footers and/or foundation walls are poured
   3. WHEN framing is up
   4. BEFORE covering electrical wiring, plumbing, and insulation
   5. BEFORE project is used or occupied

2. Highway supervisor to be notified BEFORE installing driveway.

3. A fire number must be obtained from the 9-1-1 Enhanced Department. PLEASE COMPLETE ATTACHED FORM!

APPLICATION FOR BUILDING PERMIT (Please print and fill in completely).

1. PROJECT LOCATION (Include Fire Number & Road Name): ____________________________

2. TAX MAP NUMBER: ________ ________ ________ SIZE OF LOT: ____________________
   Subdivision: Yes No If YES, previous owner’s name: ____________________________

3. LAND OWNER’S NAME: __________________________ Phone: (Home) __________ (Other) __________

4. APPLICANT’S NAME: __________________________ Phone: (Home) __________ (Other) __________

5. APPLICANT’S MAILING ADDRESS: __________________________ __________________________

6. CONTRACTOR’S NAME: __________________________ Phone: (Home) __________ (Other) __________

7. PROJECT DESCRIPTION: __________________________ Use: __________________________
   (please include DETAILED sketch or blue print - see graph on 2nd form)

8. BUILDING TO BE ________ ft. wide by ________ ft. long/ ________ stories/ ________ square ft.

9. Nature of work (check ALL that are applicable)
   0 New Structure 0 Septic System 0 Set Manufactured Mobile Home ______ x ______
   0 Addition 0 Demolition 0 Set Manufactured Modular Home ______ x ______
   0 Alteration 0 Other 0 (If Manufactured Home, Fill In Below)

   * NAME OF MANUFACTURER __________________________ SERIAL NO. __________________________
   * 0 New 0 Used YEAR BUILT ______ MODEL __________________________

10. HEATING: Heat Type: ________ Hot Air, ________ Hot Water/Steam, ________ Electric, ________ Other
    Fuel Type: ________ None, ________ Gas, ________ Electric, ________ Oil, ________ Wood, ________ Coal, ________ Solar

11. CENTRAL AIR CONDITIONING: 0 Yes 0 No

12. FIREPLACE: 0 Yes 0 No

13. CHECK ONE: 0 Slab 0 Crawl Space 0 Basement/Cellar ______ Number of Basement Garage Openings

14. ESTIMATED COST: LABOR ______ MATERIAL ______

15. ESTIMATED COMPLETION DATE: __________________________

Applicant Signature: __________________________ Date: __________________________

White Copy: CODE OFFICER • Yellow Copy: ASSESSOR • Pink Copy: APPLICANT

04/06