

TOWN OF BATH

STEP BY STEP INSTRUCTIONS TO COMPLETE A BUILDING PERMIT



DATE RECEIVED _____

TOWN OF BATH BUILDING PERMIT

(Expires 1 Year From Issue Date)

DATE ISSUED _____

FEE _____ / _____

FORM OF PAYMENT: _____

PERMIT NO. _____

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

Cash _____

Check # _____

Code Enforcement Officer

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 (see NOTE:)

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

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)

- | | | |
|--|--|--|
| <input type="checkbox"/> New Structure | <input type="checkbox"/> Septic System | <input type="checkbox"/> Set Manufactured Mobile Home x |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Demolition | <input type="checkbox"/> Set Manufactured Modular Home x |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Other | <input type="checkbox"/> (If Manufactured Home, Fill In Below) |

* NAME OF MANUFACTURER _____ SERIAL NO. _____

* ☐ New ☐ 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: ☐ Yes ☐ No

11. FIREPLACE: ☐ Yes ☐ No

13. CHECK ONE: ☐ Slab ☐ Crawl Space ☐ Basement/Cellar/ _____ Number of Basement Garage Openings

14. ESTIMATED COST: LABOR _____ MATERIAL _____

15. ESTIMATED COMPLETION DATE: _____


Applicant Signature: _____ Date: _____

LINE #1

PROJECT LOCATION

ENTER THE PHYSICAL
ADDRESS OF THE
PROJECT LOCATION

IF YOU HAVE VACANT
LAND, YOU MUST CALL
THE STEUBEN COUNTY
911 OFFICE TO OBTAIN
AN ADDRESS AT
664.2992



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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) _____

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(please include DETAILED sketch or blue print - see graph on 2nd form)

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9. Nature of work (check ALL that are applicable)

- | | | |
|--|--|--|
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| <input type="checkbox"/> Addition | <input type="checkbox"/> Demolition | <input type="checkbox"/> Set Manufactured Modular Home x |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Other | • (If Manufactured Home, Fill In Below) |

* NAME OF MANUFACTURER _____ SERIAL NO. _____

* ☐ New ☐ 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: ☐ Yes ☐ No

11. FIREPLACE: ☐ Yes ☐ No

13. CHECK ONE: ☐ Slab ☐ Crawl Space ☐ Basement/Cellar/ _____ Number of Basement Garage Openings

14. ESTIMATED COST: LABOR _____ MATERIAL _____

15. ESTIMATED COMPLETION DATE: _____

Applicant Signature: _____ Date: _____


LINE #2

TAX MAP NUMBER

ENTER THE TAX MAP
ID NUMBER WHICH
CAN BE FOUND ON
YOUR LAND OWNERS
TAX BILL

OR

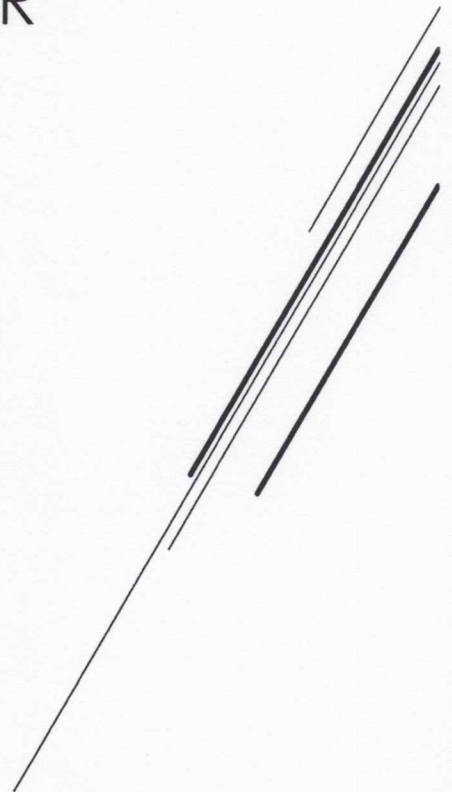
CONTACT THE
STEUBEN COUNTY
REAL PROPERTY TAX
OFFICE AT 776.9631



LINE #2

SIZE OF LOT

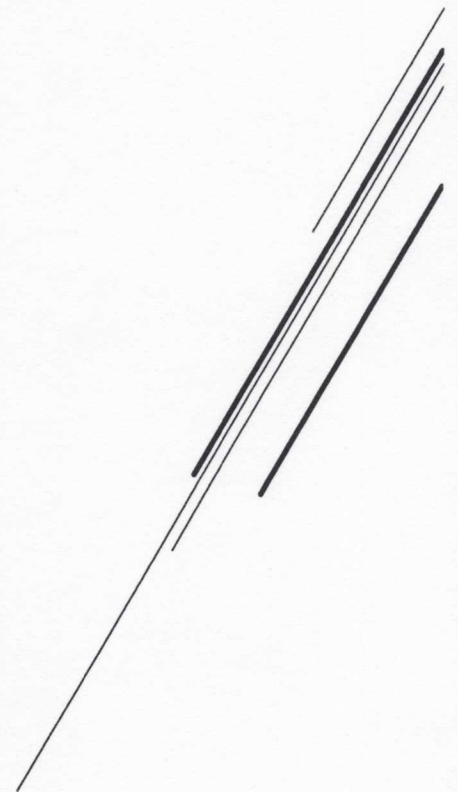
THE ACREAGE CAN
BE FOUND ON YOUR
TAX BILL



LINE #2

SUBDIVISION

COMPLETE ONLY IF
YOU HAVE RECENTLY
SUBDIVIDED



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BUILDING PERMIT**

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Cash _____

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**NOTE: NO PROJECTS TO
BE USED OR OCCUPIED
UNTIL FINAL INSPECTION
AND APPROVAL!****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)**☐ New Structure☐ Septic System• ☐ Set Manufactured Mobile Home x☐ Addition☐ Demolition• ☐ Set Manufactured Modular Home x☐ Alteration☐ Other

• (If Manufactured Home, Fill In Below)

* NAME OF MANUFACTURER _____

SERIAL NO. _____

• ☐ New ☐ 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: ☐ Yes ☐ No**11. FIREPLACE:** ☐ Yes ☐ No**13. CHECK ONE:** ☐ Slab ☐ Crawl Space ☐ Basement/Cellar/ _____ Number of Basement Garage Openings**14. ESTIMATED COST:** LABOR _____ MATERIAL _____**15. ESTIMATED COMPLETION DATE:** _____

Applicant Signature: _____

Date: _____

LINE #3

LAND OWNERS
NAME

ENTER THE CURRENT
LAND OWNERS
NAME

PHONE NUMBER

ENTER THE CURRENT
LAND OWNERS
TELEPHONE NUMBER



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FEE _____

FORM OF PAYMENT: _____

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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)

☐ New Structure

☐ Septic System

☐ Set Manufactured Mobile Home _____ x _____

☐ Addition

☐ Demolition

☐ Set Manufactured Modular Home _____ x _____

☐ Alteration

☐ Other

• (If Manufactured Home, Fill in Below)

* NAME OF MANUFACTURER _____

SERIAL NO. _____

* ☐ New ☐ 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: ☐ Yes ☐ No

11. FIREPLACE: ☐ Yes ☐ No

13. CHECK ONE: ☐ Slab ☐ Crawl Space ☐ 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

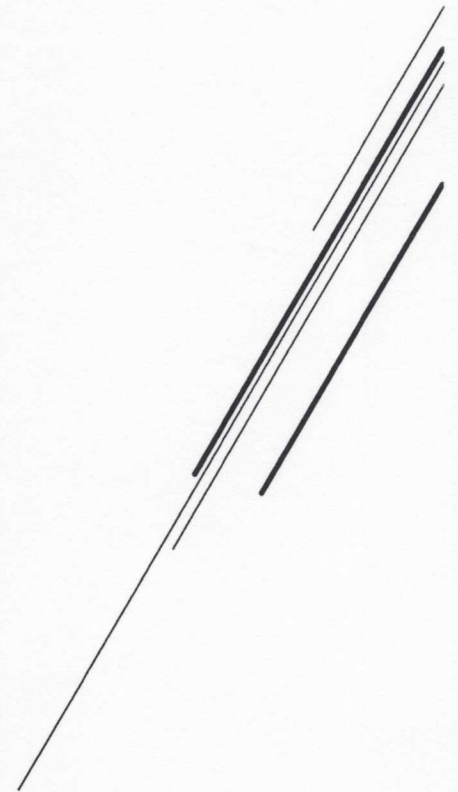
04/06

LINE #4

APPLICANTS NAME

NAME OF INDIVIDUAL
APPLYING FOR
BUILDING PERMIT

MUST ALSO SUBMIT
COPY OF CE200



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2. Highway supervisor to be notified BEFORE installing driveway.

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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)

- | | | |
|--|--|---|
| <input type="checkbox"/> New Structure | <input type="checkbox"/> Septic System | <input type="checkbox"/> Set Manufactured Mobile Home <u> x </u> |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Demolition | <input type="checkbox"/> Set Manufactured Modular Home <u> x </u> |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Other | <input type="checkbox"/> (If Manufactured Home, Fill In Below) |

* NAME OF MANUFACTURER _____ SERIAL NO. _____

* ☐ New ☐ 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: ☐ Yes ☐ No

11. FIREPLACE: ☐ Yes ☐ No

13. CHECK ONE: ☐ Slab ☐ Crawl Space ☐ Basement/Cellar/ _____ Number of Basement Garage Openings _____

14. ESTIMATED COST: LABOR _____ MATERIAL _____

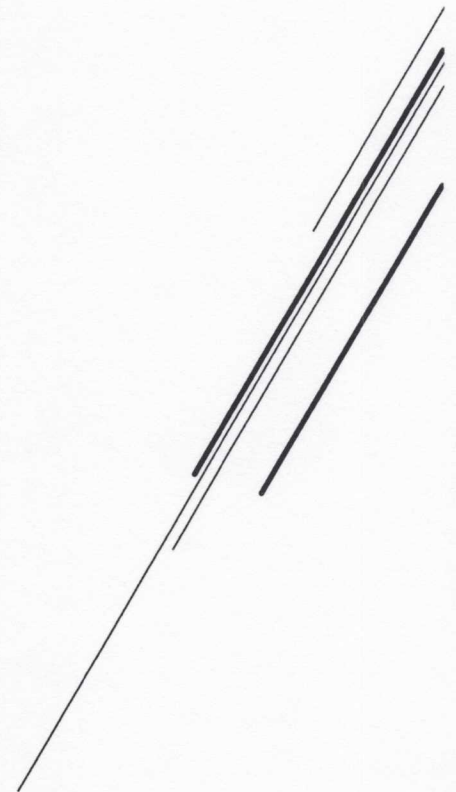
15. ESTIMATED COMPLETION DATE: _____

Applicant Signature: _____ Date: _____

LINE #5

APPLICANT'S MAILING ADDRESS

ADDRESS OF INDIVIDUAL
APPLY FOR
BUILDING PERMIT



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DATE ISSUED _____

FEE _____ / _____

FORM OF PAYMENT: _____

PERMIT NO. _____

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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)

- | | | |
|--|--|--|
| <input type="checkbox"/> New Structure | <input type="checkbox"/> Septic System | <input type="checkbox"/> Set Manufactured Mobile Home x |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Demolition | <input type="checkbox"/> Set Manufactured Modular Home x |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Other | • (If Manufactured Home, Fill In Below) |

* NAME OF MANUFACTURER _____ SERIAL NO. _____

* ☐ New ☐ 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: ☐ Yes ☐ No

11. FIREPLACE: ☐ Yes ☐ No

13. CHECK ONE: ☐ Slab ☐ Crawl Space ☐ Basement/Cellar / _____ Number of Basement Garage Openings

14. ESTIMATED COST: LABOR _____ MATERIAL _____

15. ESTIMATED COMPLETION DATE: _____

Applicant Signature: _____ Date: _____

LINE #6

CONTRACTOR'S NAME
AND TELEPHONE NUMBER

FILL IN CONTRACTOR'S
NAME AND TELEPHONE
NUMBER

IF A CONTRACTOR IS
USED, A COPY OF THEIR
WORKMAN'S
COMPENSATION
INSURANCE IS
REQUIRED



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FEE _____

/

FORM OF PAYMENT: _____

PERMIT NO. _____

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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)

☐ New Structure

☐ Septic System

☐ Set Manufactured Mobile Home x

☐ Addition

☐ Demolition

☐ Set Manufactured Modular Home x

☐ Alteration

☐ Other

• (If Manufactured Home, Fill In Below)

* NAME OF MANUFACTURER _____

SERIAL NO. _____

* ☐ New ☐ 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: ☐ Yes ☐ No

11. FIREPLACE: ☐ Yes ☐ No

13. CHECK ONE: ☐ Slab

☐ Crawl Space

☐ Basement/Cellar/ _____

Number of Basement Garage Openings _____

14. ESTIMATED COST: LABOR _____

MATERIAL _____

15. ESTIMATED COMPLETION DATE: _____

Applicant Signature: _____

Date: _____

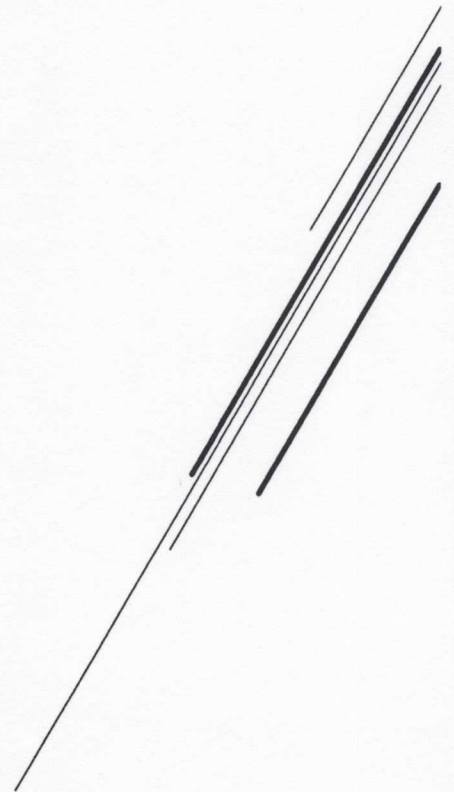
LINE #7

PROJECT DESCRIPTION

BREIF DESCRIPTION OF
THE NATURE OF THE
PROJECT

USE

INDICATE IF THE
STRUCTURE WILL BE
COMMERICAL OR
RESIDENTIAL



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2. TAX MAP NUMBER: _____ SIZE OF LOT: _____

Subdivision: ☐ Yes ☐ No If YES, previous owner's name: _____

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
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)

- | | | |
|--|--|--|
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10. HEATING: Heat Type: _____ Hot Air, _____ Hot Water/Steam, _____ Electric, _____ Other

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11. CENTRAL AIR CONDITIONING: ☐ Yes ☐ No

11. FIREPLACE: ☐ Yes ☐ No

13. CHECK ONE: ☐ Slab ☐ Crawl Space ☐ Basement/Cellar/ _____ Number of Basement Garage Openings

14. ESTIMATED COST: LABOR _____ MATERIAL _____

15. ESTIMATED COMPLETION DATE: _____

Applicant Signature: _____ Date: _____

LINE #8

BUILDING TO BE

ENTER THE
DIMENSIONS OF THE
PROPOSED STRUCTURE



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Cash _____

Check # _____

Code Enforcement Officer _____

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AND APPROVAL!****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)

- | | | |
|--|--|--|
| <input type="checkbox"/> New Structure | <input type="checkbox"/> Septic System | <input type="checkbox"/> Set Manufactured Mobile Home <input checked="" type="checkbox"/> x |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Demolition | <input type="checkbox"/> Set Manufactured Modular Home <input checked="" type="checkbox"/> x |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Other | <input type="checkbox"/> (If Manufactured Home, Fill In Below) |

* NAME OF MANUFACTURER _____ SERIAL NO. _____

* ☐ New ☐ 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: ☐ Yes ☐ No11. FIREPLACE: ☐ Yes ☐ No13. CHECK ONE: ☐ Slab ☐ Crawl Space ☐ Basement/Cellar/ _____ Number of Basement Garage Openings _____

14. ESTIMATED COST: LABOR _____ MATERIAL _____

15. ESTIMATED COMPLETION DATE: _____

Applicant Signature: _____

Date: _____

LINE #9

NATURE OF WORK

CHECK APPROPRIATE
BOX

BOX CHECKED SHOULD
COINCIDE WITH LINE #7

NAME OF
MANUFACTURER/SERIAL #

APPLIES TO MFG. HOMES ONLY
ATTACH COPY OF MANUFACTURER
INSTALLATION INSTRUCTIONS AND NYS
CERTIFIED INSTALLER'S INFORMATION



DATE RECEIVED _____

**TOWN OF BATH
BUILDING PERMIT**

(Expires 1 Year From Issue Date)

DATE ISSUED _____

FEE _____/_____

FORM OF PAYMENT: _____

PERMIT NO. _____

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

Cash _____

Check # _____

Code Enforcement Officer _____

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 (see NOTE:)

**NOTE: NO PROJECTS TO
BE USED OR OCCUPIED
UNTIL FINAL INSPECTION
AND APPROVAL!****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)☐ New Structure☐ Septic System• ☐ Set Manufactured Mobile Home x☐ Addition☐ Demolition• ☐ Set Manufactured Modular Home x☐ Alteration☐ Other

• (If Manufactured Home, Fill In Below)


* NAME OF MANUFACTURER _____

SERIAL NO. _____

* ☐ New ☐ 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: ☐ Yes ☐ No**11. FIREPLACE:** ☐ Yes ☐ No**13. CHECK ONE:** ☐ Slab☐ Crawl Space☐ Basement/Cellar/ _____ Number of Basement Garage Openings _____**14. ESTIMATED COST:** LABOR _____

MATERIAL _____

15. ESTIMATED COMPLETION DATE: _____

Applicant Signature: _____

Date: _____

LINE #10

HEATING

CHECK APPROPRIATE
BOX

ALL HEATING SOLID FUEL
MUST HAVE A COPY OF
MFG. INSTALLATION
INSTRUCTIONS ATTACHED



DATE RECEIVED _____

**TOWN OF BATH
BUILDING PERMIT**

(Expires 1 Year From Issue Date)

DATE ISSUED _____

FEE _____ / _____

FORM OF PAYMENT: _____

PERMIT NO. _____


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

Cash _____

Check # _____

Code Enforcement Officer _____

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 (see NOTE) 

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

- | | | |
|--|--|--|
| <input type="checkbox"/> New Structure | <input type="checkbox"/> Septic System | <input type="checkbox"/> Set Manufactured Mobile Home x |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Demolition | <input type="checkbox"/> Set Manufactured Modular Home x |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Other | <input type="checkbox"/> (If Manufactured Home, Fill In Below) |

* **NAME OF MANUFACTURER** _____ **SERIAL NO.** _____* ☐ New ☐ 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:** ☐ Yes ☐ No**11. FIREPLACE:** ☐ Yes ☐ No**13. CHECK ONE:** ☐ Slab ☐ Crawl Space ☐ Basement/Cellar/ _____ **Number of Basement Garage Openings****14. ESTIMATED COST: LABOR** _____ **MATERIAL** _____**15. ESTIMATED COMPLETION DATE:** _____**Applicant Signature:** _____ **Date:** _____

LINE #11

CENTRAL AIR
CONDITIONING

SELECT
APPROPRIATE BOX

LINE #11B

FIREPLACE

SELECT
APPROPRIATE BOX

ALL AIR CONDITIONING UNITS AND
FIREPLACES REQUIRE MFG. INSTALLATION
INSTRUCTIONS



DATE RECEIVED _____

TOWN OF BATH BUILDING PERMIT

(Expires 1 Year From Issue Date)

DATE ISSUED _____

FEE _____

FORM OF PAYMENT: _____

PERMIT NO. _____

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

Cash _____

Check # _____

Code Enforcement Officer _____

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 (see NOTE:)

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

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)

- | | | |
|--|--|--|
| <input type="checkbox"/> New Structure | <input type="checkbox"/> Septic System | <input type="checkbox"/> Set Manufactured Mobile Home x |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Demolition | <input type="checkbox"/> Set Manufactured Modular Home x |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Other | <input type="checkbox"/> (If Manufactured Home, Fill In Below) |

* NAME OF MANUFACTURER _____ SERIAL NO. _____

* ☐ New ☐ 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: ☐ Yes ☐ No

11. FIREPLACE: ☐ Yes ☐ No

13. CHECK ONE: ☐ Slab ☐ Crawl Space ☐ Basement/Cellar/ _____ Number of Basement Garage Openings

14. ESTIMATED COST: LABOR _____ MATERIAL _____

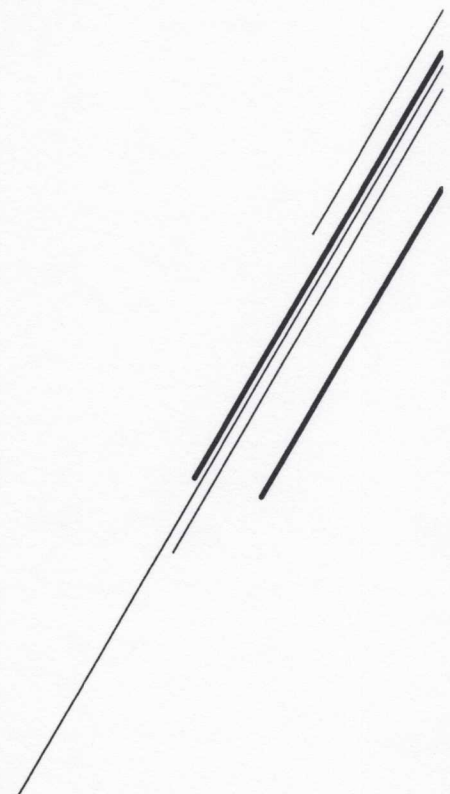
15. ESTIMATED COMPLETION DATE: _____

Applicant Signature: _____ Date: _____

LINE #13

CHECK ONE

SELECT APPROPRIATE
BOX FOR THE TYPE OF
FOUNDATION



DATE RECEIVED _____

**TOWN OF BATH
BUILDING PERMIT**

(Expires 1 Year From Issue Date)

DATE ISSUED _____

FEE _____ / _____

FORM OF PAYMENT: _____

PERMIT NO. _____

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

Cash _____

Check # _____

Code Enforcement Officer _____

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 (see NOTE:)

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

- | | | |
|--|--|--|
| <input type="checkbox"/> New Structure | <input type="checkbox"/> Septic System | <input type="checkbox"/> Set Manufactured Mobile Home x |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Demolition | <input type="checkbox"/> Set Manufactured Modular Home x |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Other | <input type="checkbox"/> (If Manufactured Home, Fill In Below) |

* NAME OF MANUFACTURER _____ SERIAL NO. _____

* ☐ New ☐ 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: ☐ Yes ☐ No11. FIREPLACE: ☐ Yes ☐ No13. CHECK ONE: ☐ Slab ☐ Crawl Space ☐ Basement/Cellar / _____ Number of Basement Garage Openings

14. ESTIMATED COST: LABOR _____ MATERIAL _____

15. ESTIMATED COMPLETION DATE: _____


Applicant Signature: _____ Date: _____

LINE #14

ESTIMATED COST

ENTER THE ESTIMATED
COST FOR LABOR AND
MATERIAL SEPARATLY

IF COST DOES NOT SEEM
VIABLE (TOO LOW)
ESTIMATES MAY BE SET
BY THE ASSESSOR'S
OFFICE



DATE RECEIVED _____

TOWN OF BATH BUILDING PERMIT

(Expires 1 Year From Issue Date)

DATE ISSUED _____

FEE _____ / _____

FORM OF PAYMENT: _____

PERMIT NO. _____

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

Cash _____

Check # _____

Code Enforcement Officer

1. Code Enforcement Officer, (607) 776-6134, 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 (see **NOTE**.)

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

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)

- | | | |
|--|--|--|
| <input type="checkbox"/> New Structure | <input type="checkbox"/> Septic System | * <input type="checkbox"/> Set Manufactured Mobile Home x |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Demolition | * <input type="checkbox"/> Set Manufactured Modular Home x |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Other | * (If Manufactured Home, Fill In Below) |

* NAME OF MANUFACTURER _____ SERIAL NO. _____

* ☐ New ☐ 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: ☐ Yes ☐ No

11. FIREPLACE: ☐ Yes ☐ No

13. CHECK ONE: ☐ Slab ☐ Crawl Space ☐ Basement/Cellar/ _____ Number of Basement Garage Openings

14. ESTIMATED COST: LABOR _____ MATERIAL _____

15. ESTIMATED COMPLETION DATE: _____

Applicant Signature: _____ Date: _____

LINE #15

ESTIMATED COMPLETION
DATE

MAXIMUM TIME
ALLOWED IS ONE
YEAR FROM DATE OF
APPLICATION

IF OVER ONE YEAR A
NEW BUILDING
PERMIT IS REQUIRED



DATE RECEIVED _____

TOWN OF BATH BUILDING PERMIT

(Expires 1 Year From Issue Date)

DATE ISSUED _____

FEE _____

FORM OF PAYMENT: _____

PERMIT NO. _____

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

Cash _____

Check # _____

Code Enforcement Officer _____

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 (see **NOTE**)

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

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)

- | | | |
|--|--|--|
| <input type="checkbox"/> New Structure | <input type="checkbox"/> Septic System | <input type="checkbox"/> Set Manufactured Mobile Home x |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Demolition | <input type="checkbox"/> Set Manufactured Modular Home x |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Other | <input type="checkbox"/> (If Manufactured Home, Fill In Below) |

* NAME OF MANUFACTURER _____ SERIAL NO. _____

* ☐ New ☐ 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: ☐ Yes ☐ No

11. FIREPLACE: ☐ Yes ☐ No

13. CHECK ONE: ☐ Slab ☐ Crawl Space ☐ Basement/Cellar/ _____ Number of Basement Garage Openings _____

14. ESTIMATED COST: LABOR _____ MATERIAL _____

15. ESTIMATED COMPLETION DATE: _____

Applicant Signature: _____ Date: _____

REMEMBER TO SIGN AND DATE
YOUR TOWN OF BATH
BUILDING PERMIT APPLICATION

