

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: _____