

Village Of Bath Department of Code Enforcement

110 Liberty Street • Bath, NY 14810

(607) 776-4775 • FAX (607) 776-5025

Zoning Permit # _____ Date _____

C of # _____ Date _____

APPLICATION FOR ZONING COMPLIANCE, OCCUPANCY OR USE

Project Address: _____

Zoning District: LDR MDR RC CBD GC LI

Property Owner: _____

Telephone # _____

Applicant or Contractor Name, Address and Phone # if different _____

Use the area below to show or design of project.

I hereby certify that I am authorized to make this application, and that the information given is correct to the best of my knowledge.

Signature _____

Date _____

OFFICE USE ONLY

Date Received _____

Approved

Denied

Fee Paid _____

If denied, give reason _____

Signature of Code Officer _____