

App. Approved _____
 Date _____ Authorized Official _____
 App. Disapproved _____
 Date _____ Authorized Official _____
 Sewer Permit No. _____
 Date _____
 Electrical Permit No. _____
 Date _____
 Board Decisions _____ Case # _____

TOWN OF CLAY
4401 Route 31, Clay, NY 13041 (315) 652-3800
RESIDENTIAL NEW HOUSE
BUILDING PERMIT APPLICATION
 Department of Planning and Development

Permit Number _____
 Date Filed _____
 Tax Map Number _____ - _____ - _____

Applicant – do not write above this line

➡ Visit us online at: www.townofclay.org

_____ New Building * _____ SF * # Bedrooms _____
 * Required Information * # Bathrooms _____
 * Habitable SF _____
 * Style _____
 * Model _____

Building Permit Fees

BASED ON THE SCHEDULE BELOW

Up to 1500 Sq. Ft.	\$ 600.00
1501 to 2000 Sq. Ft.	\$ 800.00
2001 to 2500 Sq. Ft.	\$1,000.00
2501 to 3000 Sq. Ft.	\$1,200.00
3001 Sq. Ft. and up...	\$1,400.00

Square footage will be based on house square footage excluding garage square footage and unfinished basement space. Any discrepancies or additional square footage added during construction will be addressed before a Certificate of Occupancy will be issued.

Property Information:

Address or Tract/Lot _____
 _____ Zip _____
 Zoning District _____

Owner Information - PLEASE PRINT

Property Owner _____
 Owner's Address _____
 Owner's Phone No. (H) _____ (W) _____
 Owner's Signature: _____

Value of Residence \$ _____

Permit Fee: \$ _____

Project Description Description of Proposed Development or Intended Use _____

Approved Plan Reference: _____ Phone _____
 Architect or Engineer _____ Plan Date (Original) _____
 Company _____ Last Revision _____
 Plan Title _____ Number of Pages _____

Applicant Information: (if different from owner)

x _____ is the _____
 (Name of individual signing application) (agent, contractor, corporate officer, etc.)
 x _____ Zip _____
 (Address) (City) (State)
 _____ Phone _____
 (Signature)

APPLICATION IS HEREBY MADE to the commissioner for the issuance of a Building Permit pursuant to the New York State Uniform Fire Prevention and Building Code for the construction of buildings, additions or alterations, or for removal or demolition, as herein described. The applicant agrees to comply with all applicable laws, ordinances and regulations.

Contractor Information:

Name of Contractor _____ Site Contact Person _____ Phone _____
 Address _____ State _____ Zip _____

Contractors Liability Insurance : _____ ATTACHED, OR _____ ON FILE

Workers' Compensation Insurance and Disability Insurance: _____ ATTACHED, OR _____ ON FILE

Electrical work to be inspected by, and Certificate of Approval obtained from, the Commonwealth Electrical Inspection Service, New York Board of Fire Underwriters, Middle Department Inspection Agency or The Inspector.

Plumbing work to be inspected by, and Certificate of Approval obtained from, The Onondaga County Dept. of Health.

Please attach separate drawing (survey) showing clearly and distinctly all buildings, whether existing or proposed, and indicate all set-back dimensions from property lines. Show street names and indicate whether interior or corner lot.

OFFICE USE: () Applicant () Assessor () File