

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
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

Nature of Work (Please check applicable item)

_____ Addition * _____ SF * # Bathrooms _____
 _____ Alteration * _____ SF * Habitable SF _____
 _____ Shed _____ SF * Style _____
 _____ Deck _____ SF * Model _____
 _____ Garage _____ SF _____
 _____ Pool _____ Size _____ **AG or IG**
 _____ Fireplace, _____ Insert (**AG**=Above ground)
 _____ Demolition _____ (**IG**=In ground)
 _____ Fence _____ Height _____
 _____ Other _____

Property Information

Address or Tract/Lot _____
 _____ Zip _____

Zoning District _____

Present Use & Occupancy _____

Present Square Footage _____

Owner Information - PLEASE PRINT

Property Owner _____

Owner's Address _____

City _____ Zip _____

Owner's Phone No.(H) _____ (W) _____

Owner's Signature: _____

Building Permit Fees. Where the TOTAL VALUATION of the work is:

\$1 - \$1000..... \$25.00

For each additional \$1,000.00 or fraction thereof **\$ 5.00**

Total Value: \$ _____

Permit Fee: \$ _____ **(Cash or Check Only)**

Project Description Description of Proposed Development or Intended Use _____

Approved Plan Reference:

Architect or Engineer _____ Phone _____

Company _____ Plan Date (Original) _____

Plan Title _____ Last Revision _____

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

