

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](http://www.townofclay.org)

**Nature of Work (Please check applicable item)**

\_\_\_\_\_ New Building \* \_\_\_\_\_ SF \* # Bedrooms \_\_\_\_\_  
 \_\_\_\_\_ 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)  
 \_\_\_\_\_ Sign \_\_\_\_\_  
 \_\_\_\_\_ 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 \_\_\_\_\_  
 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

11/04

