


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)

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

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.

