App. Approved_____
Date Authorized Official

App.Disapproved_____
Date Authorized Official

Sewer Permit No._____
Date

Electrical Permit No._____
Date

Board Decisions _____ Case # _____

_____

Plans in box _____

TOWN OF CLAY

4401 Route 31, Clay, NY 13041
(315) 652-3800

COMMERCIAL
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
_____ Addition * _____ SF
_____ Alteration * _____ SF
_____ Accessory Structure _____ SF
_____ Sign
_____ Demolition
_____ Fuel tanks: _____ installed _____removed
_____ Administrative C/O, C/C - $25.00 FEE
_____ 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…… **$100.00**

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

Total Value: $_____

Permit Fee: $_____

(Cash or Check Only)

Project Description: _____

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, the 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.

SPECIAL INSPECTION AGENCY _____

OFFICE USE: ( ) Applicant ( ) Assessor ( ) File 6/06