

TOWN OF CLAY

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

RESIDENTIAL BUILDING PERMIT APPLICATION

Department of Planning and Development

App. Approved Date Authorized Official
App. Disapproved Date Authorized Official
Sewer Permit No. Date

Electrical Permit No. Date
Board Decisions Case #

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)

XXXX Addition * SF * # Bathrooms
Alteration * SF
**Shed SF (over 400 SF USE Garage)
Deck SF
Garage/Pole Barn SF
Fireplace, Insert
Demolition
**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# Email

Owner's Signature:

Total Project Value: \$

Building Permit Fees. Where the TOTAL VALUATION of the work is:
\$1 - \$1000 \$25.00
For each additional \$1,000.00 or fraction thereof \$ 6.00

**Sheds 200 sq. ft. or under - \$30 flat fee
**Fence - \$30 flat fee

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

(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 CNY Electrical Inspection Service, Commonwealth Electrical Inspection Service, 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

Town of Clay

NOTICE OF UTILIZATION OF TRUSS TYPE CONSTRUCTION,
PRE-ENGINEERED WOOD CONSTRUCTION AND/OR TIMBER
CONSTRUCTION

Owner of Subject Property: _____

Subject Property: Street address and tax map number of the subject property

Check what permit is for

New Residential Structure

Addition to existing residential structure

Rehabilitation to existing residential structure

to be constructed or performed at the subject property reference above will utilize
(Check applicable line)

truss type construction (TT)

pre-engineered wood construction (PW)

timber construction (TC)

in the following location(s) (check applicable line):

floor framing, including girders and beams (F)

roof framing (R)

floor framing and roof framing (FR).

By signing and dating below you state the above information will be followed.

Date: _____

Signature of person submitting the form _____

Print Name of above person _____

owner owners representative

Section 1265.4. Sign or symbol.

(a) Each new residential structure and each addition to or rehabilitation of an existing residential structure that utilizes truss type construction, pre-engineered wood construction and/or timber construction shall be identified by a sign or symbol in accordance with the provisions of this Part.

(b) The sign or symbol required by this Part shall be affixed to the electric box attached to the exterior of the residential structure; provided, however, that:

(1) if affixing the sign or symbol to the electric box would obscure any meter on the electric box, or if the utility providing electric service to the residential structure does not allow the sign or symbol to be affixed to the electric box, the sign or symbol shall be affixed to the exterior wall of the residential structure at a point immediately adjacent to the electric box; and

(2) if no electric box is attached to the exterior of the residential structure or if, in the opinion of the authority having jurisdiction.

Town of Clay

Mark V. Territo
Commissioner



"One of America's 100 Best Places to Live"

PROCEDURES FOR OBTAINING A NEW RESIDENTIAL HOME OR ADDITION BUILDING PERMIT

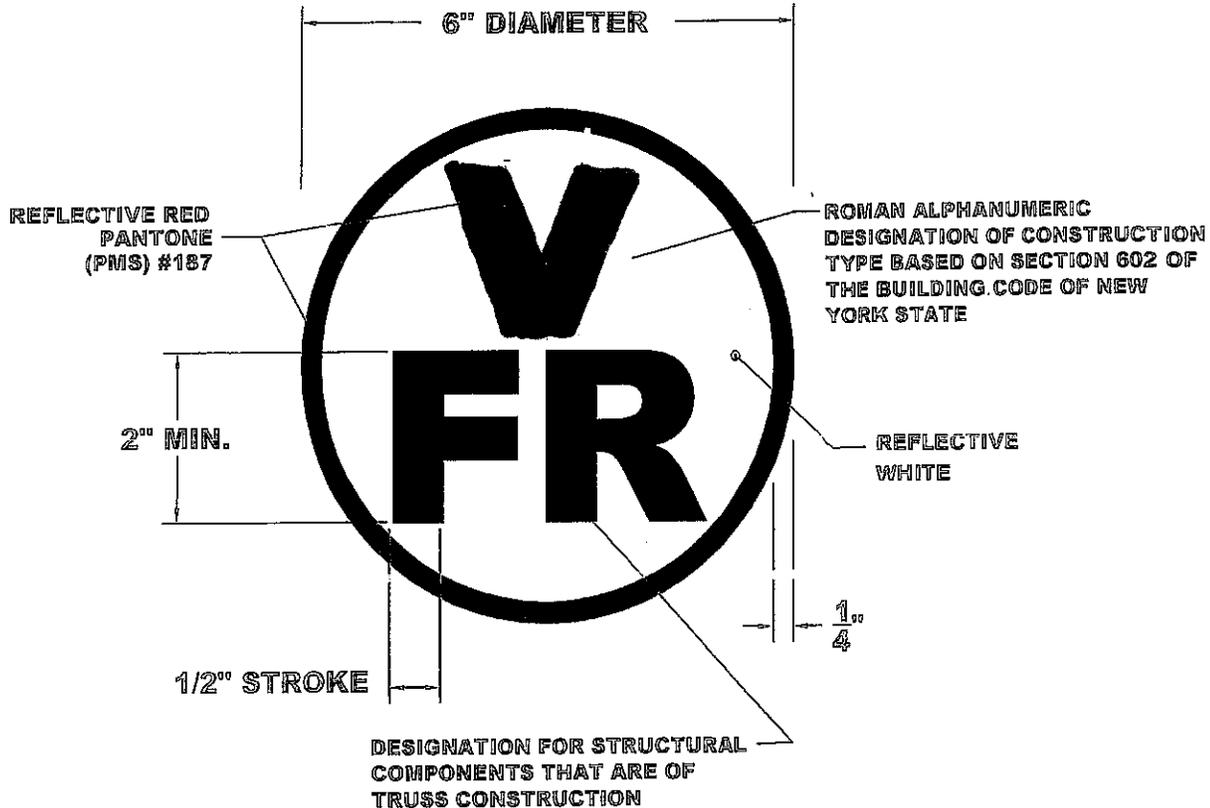
- _____ 1. Permit application.
- _____ 2. 2 sets of stamped architect plans (one set for tract homes) and one set of 11 x 17 or **electronic file**.
- _____ 3. Driveway Permit _____ Town Road _____ County Road
- _____ 4. All plans must be complete and meet the following or they will not be accepted:
 - _____ a) 2015 International Residential Code
 - _____ b) 2015 International Plumbing Code
 - _____ c) 2015 International Mechanical Code
 - _____ d) 2015 International Fuel Gas Code
 - _____ e) 2016 NYS Uniform Code Supplement
 - _____ f) 2015 International Energy Conservation Code
 - _____ g) 2016 NYS Energy Code Supplement
 - _____ h) NFPA 70 2014 National Electrical Code
- _____ 5. Truss Certifications
- _____ 6. Survey showing placement of new home.
- _____ 7. Approved Septic System design where applicable.
- _____ 8. Contractor Certificate of Liability Insurance.
- _____ 9. Contractor Certificate of New York State Workman's Compensation Insurance & Disability.
- _____ 10. Fee (See Permit Application).
- _____ 11. Onondaga County Plumbing (315) 435-6614 (For all Plumbing inspections).
Health Department 435-6617, Onondaga County Water Authority (OCWA) 315-455-7061
- _____ 12. Electrical Inspections Agencies (Choose One).
 - 1) CNY Electrical Inspection Service, LLC, Larry Kinne (633-0027)
 - 2) Commonwealth Electrical Inspection Service, 1-800-801-0309
 - 3) The Inspector, Tim Willsey (1-800-487-0535), or 247-9162.
 - 4) Middle Department Inspection Agency, Aaron Bellows 452-5304

Permit approval time will be based on the extent of the project -- A MINIMUM OF:
5 business days.

All plumbing, electrical, and driveway permits must be applied for before the release of the building permit.

10/2016

SAMPLE ONLY



"F"	FLOOR FRAMING, INCLUDING GIRDERS AND BEAMS
"R"	ROOF FRAMING
"FR"	FLOOR AND ROOF FRAMING

TRUSS IDENTIFICATION SIGN
COMPLIANCE WITH 19 NYCRR PART 1264

CODES DIVISION



DEPARTMENT OF STATE

EXAMPLE TRUSS IDENTIFICATION SIGN DATE:03/08/2005

**NEW YORK STATE DEPARTMENT OF STATE
DIVISION OF CODE ENFORCEMENT
AND ADMINISTRATION**