

App. Approved _____

Date _____ Authorized Official _____

App. Disapproved _____

Date _____ Authorized Official _____

Board Decisions _____ Case # _____

TOWN OF CLAY
4401 Route 31, Clay, NY 13041 (315) 652-3800
LAND DISTURBANCE
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

MUST BE COMPLETED FOR ALL LAND DISTURBING ACTIVITY

Land Disturbance Classification (please refer to checklist for appropriate requirements of each category)

Area of Land Disturbing Activity _____ Square Feet/Acres

Stormwater Runoff

- Condition A – Drainage of Pollutant of Concern
- Condition B – 5 or More Acres
- Condition C – 1 to 5 Acres

Description of Project

Site Information

Property address _____

Size of Parcel _____ Square Feet / Acres

Contact Information

Designer – Name: _____

City _____

Phone _____ Fax _____

Contractor – Name: _____

City _____

Phone _____ Fax _____

Inspector – Name: _____

City _____

Property Information

Address or Tract/Lot _____

Zip _____

Zoning District _____

Present Use & Occupancy _____

Owner Information - PLEASE PRINT

Property Owner _____

Owner's Address _____

City _____ Zip _____

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

Owner's Signature: _____

Permit Fee \$1,500. 00 (cash or check)