

COMMERCIAL
BUILDING PERMIT APPLICATION
 Department of Planning and Development

App. Approved _____ Date _____ Authorized Official _____
 App. Disapproved _____ Date _____ Authorized Official _____
 Sewer Permit No. _____
 Electrical Permit No. _____ Date _____
 Board Decisions _____ Case # _____
 Plans in box _____

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 Construction Type _____
 _____ Addition * _____ SF Occupancy- _____
 _____ Alteration * _____ SF Classification _____
 _____ Accessory Structure _____ SF
 _____ Antenna
 _____ Sign
 _____ Demolition
 _____ Fuel tanks: _____ installed _____ removed
 _____ Other _____

Property Information

Address or Tract/Lot _____
 Zip _____
 Zoning District _____
 Present Use & Occupancy _____

Owner Information - PLEASE PRINT

Property Owner _____
 Owner's Address _____
 Owner's Phone No. (H) _____ (W) _____
 Owner's Email _____

_____ Fire Inspection - \$50.00 FEE - INTERIOR
 _____ Special Event - EXTERIOR with Administrative Site Plan- \$125.00

Owner's Signature: _____
 Total Value: \$ _____

Building Permit Fees. Where the TOTAL VALUATION of the work is:

\$1 - \$1000.....	\$100.00
For each additional \$1,000.00 or fraction thereof	\$ 7.00

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

Project Description: _____

Approved Plan Reference: Company _____ Phone _____ Email _____
 Architect or Engineer _____ Plan Title _____

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 _____ 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, Middle Dept. 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