

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)

____ Addition * _____ SF * # Bathrooms _____
 ____ Alteration* _____ * SF
 ____ **Shed _____ SF (over 400 SF USE Garage)
 ____ Deck _____ SF
 ____ Garage/Pole Barn _____ SF
 ____ Fireplace _____ Insert
 ____ Demolition
 ____ **Fence _____ Height

XXXX Other Generator _____

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

Permit Fee: \$ _____ (cash or check only)

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

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 _____ 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