

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 Code Enforcement

Permit Number _____
Date Filed _____
Tax Map Number _____ - _____ - _____

Applicant – do not write above this line

Visit us online at: www.townofclayny.gov

Nature of Work

XXXX Alteration* * SF

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)**

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

10/25

Department of Code Enforcement

4401 State Route 31
Clay, New York 13041-8707
Website: www.townofclayny.gov



Phone: (315) 652-3800
Fax: (315) 622-7259
E-mail: codes@townofclayny.gov

**PROCEDURES FOR OBTAINING RESIDENTIAL BUILDING PERMITS
FOR ADDITIONS, ALTERATIONS, GARAGES, SHEDS AND DECKS**

1. Completed permit application and check or cash to pay fee.
2. Plot on property survey showing where your structure is located on your property.
3. Setbacks must be met as required by the zoning of your property. Anything closer to the property lines are in violation of the Town of Clay Zoning Ordinance. **You cannot build any structure on an easement.** (Width of easements take precedence over normal setbacks.) For properties that are designated in a floodplain, additional requirements of Chapter 112 must be met.
Accessory buildings (e.g., storage units, sheds, etc.) for one- or two-family dwellings or townhouses in residential districts that are 100 square feet or less in area and less than 12 feet in height do not need a building permit or certificate of occupancy from the Town of Clay. However, these accessory buildings shall comply with the following minimum standards:
 - a. Not located within any easement or right-of-way.
 - b. Located in the portion of a lot behind a line formed by the front wall of the principal building.
 - c. Located in compliance with any applicable corner lot requirements
 - d. Minimum setback of three feet (3') from any Property line, Principle Building or other Accessory Structure
4. 2 Sets of plans or drawings showing what you are building, materials that you are using and HOW it will be constructed. Stamped and signed architectural print may be required
5. Contractors must submit a Certificate of Liability, Workers Compensation and Disability Benefits Insurance Coverage.
6. Permit will be mailed to you or can be picked up at our office. Office hours are 8:30 to 4:30pm. **Permits will be accepted until 4:00pm.** Permits will be issued usually within 5 business days depending on the number of applications at any given time and once all information has been approved.
7. Upon issuance of your building permit, please contact the authorized official for the necessary inspections to be made during the course of construction. **Inspections require a 48 hour notice.**

ALTERATIONS

- 1. APPLICATION**
- 2. SURVEY**
- 3. STAMPED DRAWINGS**
- 4. CONTRACTORS INSURANCE, LIABILITY AND WORKERS COMP**
- 5. IF DOING WORK YOURSELF YOU MUST HAVE BP-1 FORM SIGNED AND NOTORIZED**
- 6. PERMIT FEE ACCORDING TO COST OF CONSTRUCTION (CASH OR CHECK)**