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

## GENERATOR PERMIT APPLICATION

Department of Codes

**Permit Number**_____

**Date Filed**_____

**Tax Map Number** _____-_____-_____

***Applicant – do not write above this line***

➪ **Visit us online at: www.townofclayny.gov**

**Nature of Work (Please check applicable item)**

_____ **GENERATOR**

**Building Permit Fees**.

**RESIDENTIAL FEE**

**$1 - $1000**..... **$25.00**

For each additional $1,000.00 or fraction thereof **$ 6.00**

**COMMERCIAL**

**$100 - $1,000**.....**$100.00**

For each additional $1,000.00 or fraction thereof **$ 7.00**

**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: $** _____

**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 6/22