

App. Approved _____
 Date _____ Authorized Official _____
 App. Disapproved _____
 Date _____ Authorized Official _____
 Sewer Permit No. _____
 Date _____

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

GENERATOR PERMIT APPLICATION
 Department of Planning and Development

Electrical Permit No. _____
 Date _____
 Board Decisions _____ Case # _____

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)

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:

Architect or Engineer _____ Phone _____
 Company _____ Plan Date (Original) _____
 Plan Title _____ Last Revision _____
 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

