

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

OPERATING 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

Operating Permit Requested (Check all that Apply)

- Manufacturing Storing or handling hazardous materials in quantities exceeding those listed in tables 2703.1.1(1), 2703.1.1(2), 2703.1.1(3), 2703.1.1(4) in the publication entitled "Fire Code of New York State" and incorporated by reference in 19 NYCRR Section 1225.1. Complete and Attach Hazardous Materials Report Form (General Municipal Law 3209-u)
- Hazardous processes and activities, including but not limited to, commercial and industrial operations which produce combustible dust as a byproduct, fruit and crop ripening and waste handling.
- The use of pyrotechnic device in assembly occupancies. (Permit valid for 10 days)
- Buildings containing one or more areas of public assembly with an occupant load of 100 persons or more.
- Other buildings whose use or occupancy classification may pose a substantial potential hazard to public safety.

Property Information

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

Owner Information - PLEASE PRINT

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

Owner's Signature: _____

Total Value: \$ _____

Permit Fee: \$ 125.00
 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 _____
 (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.

***** PLEASE SEE REVERSE SIDE FOR ADDITIONAL REQUIREMENTS.**

DOCUMENTATION:

The following documentation must be submitted with the Operating Permit Application if applicable:

- **Fire Alarm Inspection & Test Report**
- **Kitchen Fire Suppression Inspection Report**
- **Emergency Egress Lighting Inspection Report**
- **Elevator Inspection Report & Test Report**
- **Fire Sprinkler Inspection & Test Report**
- **Fire Extinguisher Inspection Report**
- **Emergency Generator Inspection Report**
- **Seating Plan(s) for Assembly Area(s)**
- **Hazardous Materials Storage Plan (Must include quantities and location of storage)**