TOWN OF CLAY App. Approved 4401 Route 31, Clay, NY 13041 (315) 652-3800 Date **Authorized Official** RESIDENTIAL App.Disapproved **BUILDING PERMIT APPLICATION Authorized Official** Department of Code Enforcement Sewer Permit No._ Date Electrical Permit No. Date Permit Number Board Decisions ___ Case # Date Filed Tax Map Number _____-__-__-___-_ □ Visit us online at: www.townofclayny.gov ***Applicant – do not write above this line*** Nature of Work (Please check applicable item) **Property Information** Address or Tract/Lot___ XXXX Garage/Pole Barn _____ SF ____Zip____ Zoning District Present Use & Occupancy Present Square Footage____ Owner Information - PLEASE PRINT Property Owner Owner's Address <mark>Zip</mark> Owner's Phone# **Email** Building Permit Fees. Where the TOTAL VALUATION of the work is: \$1 - \$1000 \$25.00 Owner's Signature: For each additional \$1,000.00 or fraction thereof \$ 6.00 Total Project Value: \$ **Sheds 200 sq. ft. or under - \$30 flat fee Permit Fee: \$ (cash or check only) **Fence - \$30 flat fee **Project Description** Description of Proposed Development or Intended Use Approved Plan Reference: Plan Date (Original)__ Architect or Engineer Company Last Revision Plan Title Number of Pages Applicant Information: (if different from owner) (Name of individual signing application) (agent, contractor, corporate officer, etc.) (State) (City) (Address) 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 State____ Address 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 10/25) Assessor) File

Department of Code Enforcement



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

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

Phone: (315) 652-3800

E-mail: codes@townofclayny.gov

Fax: (315) 622-7259

- 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. <u>Minimum setback of three feet (3') from any Property line, Principle Building or other Accessory</u> 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.**

