App. Approved		10	WN OF CLAY
Date Authorized Official App.Disapproved_			, Clay, NY 13041 (315) 652-3800 ESIDENTIAL
Date Authorized Official			PERMIT APPLICATION
Sewer Permit No		D	epartment of Codes
	Date		
Electrical Permit No	Date		
Board Decisions Case #		Permit Number_	
		Date Filed	
		Tax Map Number	<u> </u>
Applicant – do not write above the	is line		www.townofclayny.gov
Nature of Work (Please check applicable item)		Property Information	
Addition * SF *# Bathroom	9		
Alteration * SF	~ <u></u>		Zip
XXXX **Shed SF (over 400 S	F USF Garage)		
Deck SF	. <u>001</u> 00. 190)		<u>, </u>
Garagest old Batti Gr		Owner Information - PLEASE PRINT	
Demolition		Property Owner	
**Fence Height		Owner's Address	
Other			
		<u>City</u>	<u>Zip</u>
State 2 Share the TOTAL VALUATION S1 - \$1000		Owner's Phone#	<u>Email</u>
For each additional \$1,000.00 or fraction thereof		Owner's Signature:	
For each additional \$1,000.00 of fraction thereof	\$ 6.00	Total Project Value:	\$
**Sheds 200 sq. ft. or under - \$30 flat fee		Total i Toject Value.	
**Fence - \$30 flat fee		Permit Fee: \$	(<mark>cash or check only</mark>
Project Description Description of Proposed I	Development or Inten	ded Use	
Approved Plan Reference:			
Architect or Engineer Company			
CompanyPlan Title			
Applicant Information: (if different from owner)	14411	ibor of rageo	
	is the)	
x(Name of individual signing application)			prate officer, etc.)
X(Address)	(0:4-)	(04-4-)	Zip
(Address)			
(Signature)	Pnone	Email	
APPLICATION IS HEREBY MADE to the com Uniform Fire Prevention and Building Code for the const			
described. The applicant agrees to comply with all appli			removal of demonitors, as herein
Contractor Information:	.	_	
			Phone
			Zip
Contractors Liability Insurance : Workers' Componentian Insurance and Disability Insurance		_ ATTACHED, OR	
Workers' Compensation Insurance and Disability Ins			ON FILE Inspection Service, Commonwealth Electrical
Inspection Service, Middle Department Inspection Agen		ned Ironi, the Civit Electrical	mspection service, Commonwealth Electrical
Plumbing work to be inspected by, and Certific	cate of Approval obta	ined from, The Onondaga Co	ounty Dept. of Health.
Please attach separate drawing (survey) show set-back dimensions from property lines. Show street na			sting or proposed, and indicate all
OFFICE USE: () Applicant () Assessor	() File	10/25

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(on C-105.2 or U26.3 form) and Disability Benefits Insurance Coverage on DB120.1 form or proof of exemptions(CE-200 form). **ALL** homeowners doing work themselves must also provide CE-200 form.
- 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.**