



**APPLICATION FOR CERTIFICATE OF ADEQUACY**  
**(for one or two family dwellings only)**

Property Location: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Agent's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Agent's Address: \_\_\_\_\_

If owner lives outside of Onondaga County, Agent's name, address and telephone are required.

**PROPERTY DESCRIPTION**

Type of Construction:      Masonry: \_\_\_\_\_ Wood Frame: \_\_\_\_\_

One family: \_\_\_\_\_ Two family: \_\_\_\_\_ Number of Stories: \_\_\_\_\_

Garages:      Attached \_\_\_\_\_ Detached \_\_\_\_\_ For \_\_\_\_\_ (Number of Stalls)

Sheds: \_\_\_\_\_ (Number of)      Attic: \_\_\_\_\_ Yes \_\_\_\_\_ No

This application is being made pursuant to Property Conservation Code Section 27-16 in contemplation of a transfer of title to:

Purchaser's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Arrangements for making inspection may be obtained by calling:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fee of \$ \_\_\_\_\_ is attached.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**SEE REVERSE SIDE FOR FEE SCHEDULE**

**OFFICE USE ONLY**

Receipt Number Issued: \_\_\_\_\_ Quadrant: \_\_\_\_\_ District: \_\_\_\_\_

Date: \_\_\_\_\_

Accepted by

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **APPLICATION FOR CERTIFICATE OF ADEQUACY**

### Schedule of Fees:

One-family house	\$45.00
Two-family house	\$55.00

Checks should be made payable to COMMISSIONER OF FINANCE, and sent with this application to the Division of Code Enforcement, 201 E. Washington Street, Syracuse, New York 13202-1430.

Be sure to ask the person accepting your application, which office will be responsible for processing your application and making the necessary inspections.

### **MAIL CERTIFICATES, APPLICATIONS AND APPROPRIATE FEES TO:**

Department of Community Development  
Division of Technical Services  
City Hall Commons  
201 E. Washington Street – Room 101  
Syracuse, New York 13202-1430  
(315) 448-8600