



City of Syracuse
Matthew J. Driscoll, Mayor

PERMIT APPLICATION ELECTRICAL

Date	Year	Month	Day
Job Address	Number & Street		
	Unit	Bldg.	Floor
Contractor	Name	Phone #	Fax #
	Contractor #/License #	Class	Contact Person
Owner	Name		
	Mailing Address		
Applicant (Own./Auth. Agent)	Name (Print)	Telephone #	Signature of License Holder
Work Information	Start Date	Completion Date	Cost of Construction Occupancy

ELECTRICAL OPERATION – ITEM	QTY	FEES	
<input type="checkbox"/> Receptacle Outlet Opening(s) E01		Base Filing Fee Schedule	
<input type="checkbox"/> Lighting Fixture Opening(s) E02		<input type="checkbox"/> Commercial: New Construction/Additions	\$60.00
<input type="checkbox"/> Switch Opening(s) E03		<input type="checkbox"/> Commercial: Renovation/Remodeling	\$40.00
<input type="checkbox"/> Disconnecting Means E04		<input type="checkbox"/> One & Two Family Dwellings: New Construction/Additions	\$30. per unit
<input type="checkbox"/> Service Panel(s) E05		<input type="checkbox"/> One Unit <input type="checkbox"/> Two Units	
<input type="checkbox"/> Sub Panel(s) E06		<input type="checkbox"/> One & Two Family Dwellings: Renovations/Remodeling	\$25. per unit
<input type="checkbox"/> Meter Socket(s) E07		<input type="checkbox"/> One Unit <input type="checkbox"/> Two Units	
<input type="checkbox"/> Fire Alarm Initiating Device(s) E08		<input type="checkbox"/> Multiple Dwellings: New Construction/Additions	\$25. per unit
<input type="checkbox"/> Fire Alarm Indicating Device(s) E09		Number of Units _____	
<input type="checkbox"/> Burglar Alarm Device(s) E10		<input type="checkbox"/> Multiple Dwellings: Renovations/Remodeling	\$25. per unit
<input type="checkbox"/> Baseboard Heater(s) E11		Number of Units _____	up to 3. \$5 ea. Add'l. Unit
<input type="checkbox"/> Water Heater(s) E12		<input type="checkbox"/> Disconnect/Reconnect (Transfer) E96	\$25.00
<input type="checkbox"/> Dryer(s) E13		<input type="checkbox"/> Meter Set E97	
<input type="checkbox"/> Lighted Exit Signs E14		Base Filing Fee From Schedule	
<input type="checkbox"/> Emergency Light(s) E15		# of Dwelling Units _____ x Unit Cost _____	
<input type="checkbox"/> Transformer(s) E16		Commercial Unit _____ x Unit Cost _____	
<input type="checkbox"/> Motor(s) E17		ELECTRICAL Item Qty. _____ X \$2.00 each	
<input type="checkbox"/> Switchboard(s) E18		Subtotal	
<input type="checkbox"/> GFI E19		Plan Review Fee: \$25 base review fee plus .75/thousand	
<input type="checkbox"/> Horn E20		for those projects with a construction cost greater than 33,000	
<input type="checkbox"/> Strobe E21		Department Use Only	
<input type="checkbox"/> Appl. Circuit E22		Certificate Fee	
<input type="checkbox"/> Siren E23		<input type="checkbox"/> Completion <input type="checkbox"/> Occupancy <input type="checkbox"/> Subcontractor	
<input type="checkbox"/> Pool Circuit E24		Notes:	
<input type="checkbox"/> Wireless Control E25			
<input type="checkbox"/> Other E98			
<input type="checkbox"/> Other E98			
<input type="checkbox"/> Other E99			
Total Items		Total Permit Fee	

Dept Use Only	Permit #	Property #		Case #	Plans Attached Y/N	Plans on File Y/N
Permit Type	Agency	Date Sent	Approved Date	Cert. of Occupancy Requ'd Y/N date applied _____	Cost _____	
Building Type 999	SOPCA			Cert. of Completion Requ'd Y/N date applied _____	Cost _____	
	FIRE			Cert. of Subcontract Requ'd Y/N date applied _____	Cost _____	
Date Issued	DPW			Plan Review	Check/M.O. Number _____	
Purpose Code 8	ENG			Permit	Check/M.O. Number _____	
	PRES			TYPE _____ (Enter "R" or "C" and enter # of units in 1st box (Below).		
Status Code	HEALTH			Enter # of residential units in 1st box and # of commercial units in 2nd box)		
	DOCE			Residential	Commercial	
Additional Permits Requ'd	HVAC/R	Y/N	Electrical	Y/N	Sprinkler	Y/N
	Water Service	Y/N	Elevator	Y/N	Plumbing	Y/N
				Commissioner of Deeds _____		



Case # _____
 Permit # _____
 Construction Class _____
 Property # _____
 Fee \$ _____
 Check/M.O. # _____

CERTIFICATE APPLICATION

Property Address: _____
 (Please include street address and zip code)
 Owner's Name _____ Telephone # _____
 Name of Contact Person for Inspection _____ Telephone # _____

TYPE OF CERTIFICATE BEING APPLIED FOR (Check one box only)

- SUBCONTRACTOR CERTIFICATE
- CERTIFICATE OF OCCUPANCY: For the construction of new or substantially remodeled buildings or a change of occupancy.

I, _____ being duly sworn, depose and say, that I am the owner or authorized representative of the owner of this above-referenced property which is located in Syracuse, New York; that the construction or remodeling of this building is in conformance with all applicable codes, ordinances, laws, regulations, generally-accepted standards, plans, specifications and other requirements on file with this department in connection with this permitted activity and is structurally safe for occupancy.

Signature _____

- CERTIFICATE OF COMPLETION:** For all work not requiring a certificate of Occupancy.

I, _____ being duly sworn, depose and say, that I am the owner or authorized representative of the owner of this above-referenced property which is located in Syracuse, New York; that said construction, mechanical system, or installation shall be in conformance with all applicable codes, ordinances, laws, regulations, generally-accepted standards, plans, specifications and/or other requirements on file with this department in connection with this permitted activity.

Signature _____

- CERTIFICATE OF INSPECTION:** For all non-permit related inspections.

I, _____ being duly sworn, depose and say, that I am the owner or authorized representative of the owner of this above-referenced property which is located in Syracuse, New York; that I hereby request that an inspection be made of _____ which is a component, or installation of the above referenced property.

Signature _____

SUBSCRIBED AND SWORN TO ME

Commissioner of Deeds _____ Date _____

OWNER OR AUTHORIZED REPRESENTATIVE MUST BE PRESENT AT INSPECTION.

FOR OFFICE USE ONLY

OCCUPANCY BY FLOOR APPROVALS

Floor	Type Occupancy	Use	Approved By	For				Signature
				TCO	CO	CC	CI	
B/C			PLBG. INSPR.					
1			ELEC. INSPR.					
2			FIRE PREV.					
3			ZONING					
4			BLDG. EXAMINER					
5			HVAC INSPR.					
6			ELEV. INSPR.					
			FIRE SUPP. INSPR.					

THE FOLLOWING ITEMS MUST BE COMPLETED ON THE TCO BEFORE A CO WILL BE ISSUED.

SEE REVERSE SIDE FOR APPLICATION FEES