



City of Syracuse  
Matthew J. Driscoll, Mayor

Is any Federal, State, or City funding involved in any way with the project for which this permit is being requested?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

## PERMIT APPLICATION GENERAL CONTRACTING AND ELEVATOR WORK

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
Work Information	Start Date	Completion Date	Cost of Construction
			Occupancy

DESCRIPTION OF WORK	FEES	
	<b>Base Filing Fee Schedule</b>	<b>Unit Cost</b>
	<input type="checkbox"/> Commercial: New Construction/Additions	\$60.00
	<input type="checkbox"/> Commercial: Renovation/Remodeling	\$40.00
	<input type="checkbox"/> One & Two Family Dwellings: New Construction/Additions	\$30. per unit
	<input type="checkbox"/> One Unit <input type="checkbox"/> Two Units	
	<input type="checkbox"/> One & Two Family Dwellings: Renovations/Remodeling	\$25. per unit
	<input type="checkbox"/> One Unit <input type="checkbox"/> Two Units	
<b>PERMIT FEE COST</b>	<input type="checkbox"/> Multiple Dwellings: New Construction/Additions Number of Units _____	\$25. per unit
GENERAL CONSTRUCTION	<input type="checkbox"/> Multiple Dwellings: Renovations/Remodeling Number of Units _____	\$25. per unit up to 3. \$5 ea. Add'l. Unit
Cost of Construction 0-\$500,000		
Cost Per Thousand \$15.00		
ELEVATOR WORK	<input type="checkbox"/> Elevator (1&2 Family Dwellings Are Exempt)	\$100.00
\$10.00 Per Thousand of Construction Cost		
	<b>Base Filing Fee From Schedule</b>	
PLAN REVIEW FEE FOR ELEVATORS	# of Dwelling Units _____ x Unit Cost _____	
Construction Cost of Less Than \$91,000. shall be \$68.	Commercial Unit _____ x Unit Cost _____	
	Permit Fee Cost	
Construction Cost Greater than \$91,000. shall be \$.75	<b>Subtotal</b>	
Per Thousand or Fraction Thereof.	Plan Review Fee: \$25 base review fee plus .75/thousand for those projects with a construction cost greater than 33,000	
	<b>DEPARTMENT USE ONLY Certificate Fee</b>	\$25.00
	<input type="checkbox"/> Completion <input type="checkbox"/> Occupancy <input type="checkbox"/> Subcontractor	
Notes:	*Note: Certificate of Completion Fee Shall be waived for General Construction/Demolition of One, Two & Three Family Structures.	
	<b>Total Permit Fee</b>	

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 _____	
	SOCPA			Cert. of Completion Requ'd Y/N date applied _____ Cost _____	
Building Type	FIRE			Cert. of Subcontract Requ'd Y/N date applied _____ Cost _____	
	DPW			Plan Review      Check/M.O.      Number _____	
Date Issued	ENG			Permit      Check/M.O.      Number _____	
	PRES			TYPE _____ (Enter "R" or "C" and enter # of units in 1st box (Below).	
Purpose Code	HEALTH			Enter # of residential units in 1st box and # of commercial units in 2nd box)	
	DOCE			Residential      Commercial	
Status Code	HVAC/R			or Commercial      (If Mixed Use)	
	SPKLR.			Existing Units      _____      _____	
				Unit Change (+/-)      _____      _____	
Additional	HVAC/R Y/N	Electrical Y/N	Sprinkler Y/N		
Permits Requ'd	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**