



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 | |
|---|---|---------------------------------|
| | Base Filing Fee Schedule | Unit Cost |
| | <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 | |
| PERMIT FEE COST | <input type="checkbox"/> Multiple Dwellings: New Construction/Additions | \$25. per unit |
| GENERAL CONSTRUCTION | Number of Units _____ | |
| Cost of Construction 0-\$500,000 | <input type="checkbox"/> Multiple Dwellings: Renovations/Remodeling | \$25. per unit |
| Cost Per Thousand \$15.00 | Number of Units _____ | up to 3. \$5 ea. Add'l. Unit |
| ELEVATOR WORK | <input type="checkbox"/> Elevator | \$100.00 |
| \$10.00 Per Thousand of Construction Cost | (1&2 Family Dwellings Are Exempt) | |
| | Base Filing Fee From Schedule | |
| 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 | Subtotal | |
| 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 | |
| | DEPARTMENT USE ONLY Certificate Fee | \$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. | |
| | 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 _____ | |
| | 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



Fernando Ortiz
Commissioner

James Blakeman
Director of Codes

DEPARTMENT OF COMMUNITY DEVELOPMENT
DIVISION OF CODE ENFORCEMENT
Matthew J. Driscoll, Mayor

SWIMMING POOLS/HOT TUB/SPA ENCLOSURES

PART 720 AND PART 744 (NYS UNIFORM CODE NYCRR)

Outdoor swimming pools shall be provided with an enclosure that shall comply with the following:

- a) shall be at least four feet in height and have a maximum vertical to adjoining grade of 2 inches
- b) where a picket-type fence is provided, openings between pickets shall not exceed 4 inches
- c) where a chain-link fence is provided, openings between links shall not exceed 2 3/8 inches
- d) enclosures shall be constructed so as to not provide footholds
- e) pickets and chain-link twists shall extend above the horizontal bar
- f) such enclosures shall have railings and posts within the enclosure, shall be capable of resisting a horizontal force of 150 pounds per square foot applied at a height of 4 feet midway between posts. Fence material or fabric shall be capable of withstanding a horizontal force of 50 pounds per square foot applied to an area 12 inches square. Gates provided in the enclosure shall be self-closing and self-latching with the handle located within the enclosure and at least 40 inches above grade and shall be securely locked with a key, combination or other child-proof lock sufficient to prevent access to the swimming pool through such gate when the swimming pool is not in use or supervised.
- g) a wall of a dwelling is permitted to serve as part of the enclosure under the following conditions:
 - 1) windows in the wall shall have a latching device at least 40 inches above the floor
 - 2) a swinging door in the wall shall be self-closing and self-latching
 - 3) a sliding door in the wall shall have a self latching device
- h) where an above-ground pool has a deck which abuts or is adjacent to a dwelling and direct access is through the exterior wall of the dwelling, such access shall be in accordance with part (g) above

Exemptions:

- a) Above-ground pools with at least 46 inches between pool decking or pool top and adjoining grade are exempt from the requirements above, provided their access ladder or steps can be blocked, swung up or removed in an approved manner when not in use.
- b) A pool less than 24 inches deep is exempt from the requirements of 720 and 744 above.