



City of Syracuse
Matthew J. Driscoll, Mayor

PERMIT APPLICATION FIRE SUPPRESSION

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

	FIRE SUPPRESSION - ITEM	QTY.	FEES																																																																																																																																																					
WATER BASE	<input type="checkbox"/> Alarm Valve	F01	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Base Filing Fee Schedule</th> <th style="text-align: center;">Unit Cost</th> </tr> <tr> <td><input type="checkbox"/> Commercial: New Construction/Additions</td> <td></td> <td style="text-align: center;">\$60.00</td> </tr> <tr> <td><input type="checkbox"/> Commercial: Renovation/Remodeling</td> <td></td> <td style="text-align: center;">\$40.00</td> </tr> <tr> <td><input type="checkbox"/> One & Two Family Dwellings: New Construction/Additions</td> <td></td> <td style="text-align: center;">\$30. per unit</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> One Unit <input type="checkbox"/> Two Units</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> One & Two Family Dwellings: Renovations/Remodeling</td> <td></td> <td style="text-align: center;">\$25. per unit</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> One Unit <input type="checkbox"/> Two Units</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Multiple Dwellings: New Construction/Additions</td> <td style="text-align: center;">Number of Units _____</td> <td style="text-align: center;">\$25. per unit</td> </tr> <tr> <td><input type="checkbox"/> Multiple Dwellings: Renovations/Remodeling</td> <td style="text-align: center;">Number of Units _____</td> <td style="text-align: center;">\$25./unit up to 3 \$5 ea. 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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