



City of Syracuse
Stephanie A. Miner, 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 | Unit Cost |
|--|-----|--|---|
| <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 <input type="checkbox"/> One Unit <input type="checkbox"/> Two Units | \$30. per unit |
| <input type="checkbox"/> Service Panel(s) E05 | | | |
| <input type="checkbox"/> Sub Panel(s) E06 | | <input type="checkbox"/> One & Two Family Dwellings: Renovations/Remodeling <input type="checkbox"/> One Unit <input type="checkbox"/> Two Units | \$25. per unit |
| <input type="checkbox"/> Meter Socket(s) E07 | | | |
| <input type="checkbox"/> Fire Alarm Initiating Device(s) E08 | | <input type="checkbox"/> Multiple Dwellings: New Construction/Additions Number of Units _____ | \$25. per unit |
| <input type="checkbox"/> Fire Alarm Indicating Device(s) E09 | | | |
| <input type="checkbox"/> Burglar Alarm Device(s) E10 | | <input type="checkbox"/> Multiple Dwellings: Ren.Ovations/Remodeling Number of Units _____ | \$25. per unit up to 3. \$5 ea. Add'l. Unit |
| <input type="checkbox"/> Baseboard Heater(s) E11 | | | |
| <input type="checkbox"/> Water Heater(s) E12 | | <input type="checkbox"/> Disconnect/Reconnect (Transfer) E96 <input type="checkbox"/> Meter Set E97 | \$25.00 |
| <input type="checkbox"/> Dryer(s) E13 | | | |
| <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 for those projects with a construction cost greater than 33,000 | |
| <input type="checkbox"/> Horn E20 | | Department Use Only Certificate Fee | |
| <input type="checkbox"/> Strobe E21 | | <input type="checkbox"/> Completion <input type="checkbox"/> Occupancy <input type="checkbox"/> Subcontractor | |
| <input type="checkbox"/> Appl. Circuit E22 | | Notes: | |
| <input type="checkbox"/> Siren E23 | | | |
| <input type="checkbox"/> Pool Circuit E24 | | | |
| <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 | | | or Commercial (If Mixed Use) | |
| | Water Service | | | Existing Units _____ | |
| | Electrical | | | Unit Change (+/-) _____ | |
| | Sprinkler | | | Commissioner of Deeds | |
| | Elevator | | | | |
| | Plumbing | | | | |



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 | | For | | | | Signature |
|--------------------|----------------|-----------|-------------------|-----|----|----|----|-----------|
| Floor | Type Occupancy | Use | Approved By | 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.

