



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		<b>Base Filing Fee Schedule</b>	
<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: RenOVations/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		<b>Base Filing Fee From Schedule</b>	
<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		<b>Subtotal</b>	
<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		<b>Total Items</b>	
<input type="checkbox"/> Wireless Control E25		<b>Total Permit Fee</b>	
<input type="checkbox"/> Other E98			
<input type="checkbox"/> Other E99			

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 <b>999</b>	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 <b>8</b>	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 (+/-)                      _____	
	Elevator			Commissioner of Deeds	
	Sprinkler				
	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						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.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Schedule of Fees:

Structures containing more than two units or any mixed-use structures	\$55.00 plus \$20.00 additional for each additional unit in excess of two
---	---

A fee is not required where the owner of the premises is a duly-constituted, not-for-profit, limited-profit or limited-dividend housing organization of an individual of limited income over 65 years of age, who is receiving partial property tax exemption pursuant to Ordinance 353-1966, as amended from time to time.

Checks should be made payable to COMMISSIONER OF FINANCE, and sent with this application to the Division of Code Enforcement, 201 E. Washington Street, Syracuse, New York 13202-1430.

**MAIL CERTIFICATES, APPLICATIONS AND APPROPRIATE FEES TO:**

Department of Neighborhood and Business Development  
Division of Technical Services  
City Hall Commons  
201 E. Washington Street – Room 101  
Syracuse, New York 13202-1430  
(315) 448-8600