



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		\$25.00	
<input type="checkbox"/> Wireless Control E25			
<input type="checkbox"/> Other E98			
<input type="checkbox"/> Other E98			
<input type="checkbox"/> Other E99			
<b>Total Items</b>		<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 _____	
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	Electrical	Sprinkler	or Commercial                      (If Mixed Use)	
	Water Service	Elevator	Plumbing	Existing Units                      _____	
				Unit Change (+/-)                      _____	
				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		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.**

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

**THIS IS TO CERTIFY THAT THE SECURITY SYSTEM / BURGLAR  
ALARM SYSTEM HAS BEEN INSTALLED AT THE PROPERTY  
LOCATED AT**

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**I FURTHER CERTIFY THAT THE WORK WAS CONDUCTED  
PURSUANT TO THE ADMINISTRATION AND ENFORCEMENT OF  
THE UNIFORM FIRE PREVENTION & BUILDING CODE, TITLE 19  
NYCRR PART 444.3 (c)& (d) AND ARTICLE 1.1.5A OF THE  
SYRACUSE BUILDING CODE.**

**FURTHERMORE, THAT SUCH CONSTRUCTION OR WORK IS IN  
SUBSTANTIAL COMPLIANCE WITH ALL APPLICABLE CODES,  
GENERALLY ACCEPTED STANDARDS, PLANS AND / OR  
OTHER REQUIREMENTS IN CONNECTION WITH THIS PERMIT.**

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ELECTRICAL INSTALLER'S SIGNATURE

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DATE SIGNED

JEP/NOV1596