City of Syracuse
Stephanie A. Miner, 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
WATER BASE	❑ Alarm Valve	F01	
	❑ Dry Valve	F02	
	❑ Deluge Valve/Flow Cont. Valv	F03	
	❑ Pre-Action Valve	F04	
	❑ Systems Control Valve	F05	
	❑ Detector Check	F06	
	❑ Backflow Valve	F07	
	❑ Fire Dept. Connection	F08	
	❑ Main Check Valve	F09	
	❑ Water Flow	F10	
	❑ Tamper Switch	F11	
	❑ Auto Sprinkler Head/Nozzle	F12	
	❑ Air Compressor	F13	
	❑ Hose Valve	F14	
	❑ Fire Pump	F15	
	❑ Proportioner	F16	
	❑ Foam Maker Chamber	F17	
	❑ Accelerator	F18	
	❑ Foam Bladder Tank	F19	
	❑ Pressure Tank	F20	
	❑ Private Water Tap	F21	
	❑ Inspector Test Connection	F22	
	❑ Detector	F23	
	❑ Hose Cabinet/Valve Cabinet	F24	
	❑ Water Gong	F25	
	❑ Underground Length (21' sec.)	F26	
	❑ Underground Fitting	F27	
	❑ Fire Hydrant	F28	
	❑ Other	F33	
	❑ Other	F34	
CHEMICAL	❑ System Control	F35	
	❑ Detector	F36	
	❑ Agent Tanks	F37	
	❑ Nozzles/Heads	F38	
	❑ Gas Valves	F39	
	❑ Pull Stations	F40	
	❑ Test Connection	F41	
	Total Items		

FEES	
Base Filing Fee Schedule	Unit Cost
❑ Commercial: New Construction/Additions	$60.00
❑ Commercial: Renovation/Remodeling	$40.00
❑ One & Two Family Dwellings: New Construction/Additions ❑ One Unit ❑ Two Units	$30. per unit
❑ One & Two Family Dwellings: Renovations/Remodeling ❑ One Unit ❑ Two Units	$25. per unit
❑ Multiple Dwellings: New Construction/Additions Number of Units_____	$25. per unit
❑ Multiple Dwellings: Renovations/Remodeling Number of Units_____	$25./unit up to 3 $5 ea. Add'l Unit
Notes:	
Base Filing Fee From Schedule	
# of Dwelling Units_____x Unit Cost _____	
Commercial Unit_____x Unit Cost _____	
Fire Suppression Item Qty._____X $2.00 each	
Subtotal	
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 ❑ Completion ❑ Occupancy ❑ Subcontractor	$25.00
Total Permit Fee	

Agency	Date Sent	Approved Date
FIRE		
ENG		
SPKLR.		

Plan Review
Check/M.O. Number_____
Permit
Check/M.O. Number_____

Dept Use Only	Permit # Property #
Permit Type	Cert. of Occupancy Requ'd Y/N date applied_____Cost_____
C	Cert. of Completion Requ'd Y/N date applied_____Cost_____
Building Type	Cert. of Subcontract Requ'd Y/N date applied_____Cost_____
999	TYPE____(Enter "R" or "C" and enter # of units in 1st box (Below).
Purpose Code	Enter # residential units in 1st box and # commercial units in 2nd box)
8	Residential or Commercial / Commercial (If Mixed Use)
Status Code	
272	Existing Units _____ _____
Date Issued	Unit Change (+/-) _____ _____
	Plans Attached Y/N
Case #	Plans on File Y/N
	Commissioner of Deeds_____