



City of Syracuse
Ben Walsh, Mayor

PERMIT APPLICATION ABOVE/UNDERGROUND TANK/FUEL DISPENSERS/PUMPS

Date	Year	Month	Day
Job Address	Number & Street		
	Unit	Bldg.	Floor
Contractor	Name	Phone #	Fax #
	Contractor #/License #	Class	Contact Person
Owner	Name	E-Mail Address	
	Mailing Address		
Applicant (Own./Auth. Agent)	Name (Print)	Telephone #	Signature of License Holder
Work Information	Start Date	Completion Date	Cost of Construction Occupancy

TANK/DISPENSER/PUMP - ITEM	QTY.	FEES	Unit Cost
<input type="checkbox"/> Tanks	U01	Base Filing Fee Schedule	
<input type="checkbox"/> Fuel Dispensers	U02	<input type="checkbox"/> Commercial: New Construction/Installation	\$100.00
<input type="checkbox"/> Pumps	U03	<input type="checkbox"/> Commercial: Renovation/Remodeling/Removal	\$100.00
<input type="checkbox"/> Other	U04	Notes:	
<input type="checkbox"/> Other	U04		
<input type="checkbox"/> Other	U04		
<input type="checkbox"/> Other	U04	Base Filing Fee From Schedule	
<input type="checkbox"/> Other	U04	Total Number of Items _____ x	
<input type="checkbox"/> Other	U04	Unit Cost Per Item <u> \$150.00 </u>	
<input type="checkbox"/> Other	U04	Subtotal	
<input type="checkbox"/> Other	U04	Plan Review Fee: \$25 base review fee plus .75/thousand for	
<input type="checkbox"/> Other	U04	those projects with a construction cost greater than 33,000	
<input type="checkbox"/> Other	U04	DEPARTMENT USE ONLY	\$25.00
<input type="checkbox"/> Other	U04	Certificate Fee	
<input type="checkbox"/> Other	U04	<input type="checkbox"/> Completion <input type="checkbox"/> Occupancy <input type="checkbox"/> Subcontractor	
<input type="checkbox"/> Other	U04	Notes:	
<input type="checkbox"/> Other	U04		
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 _____
	SOPCA			Cert. of Completion Requ'd Y/N date applied _____	Cost _____
Building Type	FIRE			Cert. of Subcontract Requ'd Y/N date applied _____	Cost _____
	DPW			Plan Review	Check/M.O. _____ Number _____
Date Issued	ENG			Permit	Check/M.O. _____ Number _____
	PRES			TYPE _____ (Enter "R" or "C" and enter # of units in 1st box (Below).	
Purpose Code	HEALTH			Enter # of residential units in 1st box and # of commercial units in 2nd box)	
	DOCE			Residential	Commercial
Status Code	HVAC/R			or Commercial	(If Mixed Use)
	SPKLR.			Existing Units	_____
				Unit Change (+/-)	_____
Additional	HVAC/R Y/N	Electrical Y/N	Sprinkler Y/N		
Permits Requ'd	Water Service Y/N	Elevator Y/N	Plumbing Y/N	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.

