



DEPARTMENT OF PUBLIC WORKS

CITY OF SYRACUSE

Application Form for Refundable Deposit

To be completed by the permit holder.

Date of Refund Request: _____

Name of Permit Holder: _____

Permit Number: _____

Check #: _____ Check date: _____ Check Amount: _____

E-mail completed form to: mfiato@syr.gov

*Refund Schedule: No Refunds will be released until the minimum time has elapsed.
Refundable Deposit Will Be Forfeited If Not Claimed Within 14 Months from the date of acceptance of the permanent construction restoration.*

Permitted Activity	Refundable Fee Schedule
Permanent Construction in the R.O.W.	12 Months from the date of acceptance of the permanent construction restoration
Work Zone Traffic Control	Within 90 Days from the date of acceptance of the permitted construction

Office use Only

Date of acceptance of the permanent construction restoration: _____

Date of re-inspection before the refundable fee is returned to the applicant: _____

Pass (Yes/No): _____

If No, state reasons and notify the permit holder in writing: _____

If Yes: Release refund

Date of Refund: _____ Amount of Refund: _____

Inspector Signature: _____