

Prop	erty Information	Request Inform	ation	Update Information
File#:	BS-X01693-1740051503	Requested Date:	07/17/2024	Update Requested:
Owner:	Laura Stallworth	Branch:		Requested By:
Address 1:	200 HOEFLER STREET	Date Completed:		Update Completed:
Address 2:		# of Jurisdiction(s):		
City, State Zip	: SYRACUSE, NY	# of Parcel(s):	1	

Notes

CODE VIOLATIONS Per City of Syracuse Department of Zoning there are no Code Violation cases on this property.

Collector: City of Syracuse

Payable Address: 233 East Washington Street Syracuse, NY 13202

Business# 315-448-8400

PERMITS Per City of Syracuse Building Department there are no Open/Pending/ Expired Permit on this property.

Collector: City of Syracuse

Payable Address: 233 East Washington Street Syracuse, NY 13202

Business# 315-448-8400

SPECIAL ASSESSMENTS Per City of Syracuse Department of Finance there are no Special Assessments/liens on the property.

Collector: City of Syracuse

Payable Address: 233 East Washington Street Syracuse, NY 13202

Business# 315-448-8400

DEMOLITION NO

UTILITIES Water & Sewer

Account #: 10023S050500 Payment Status: DUE Status: Pvt & Lienable Amount: \$25.84 Good Thru: 09/20/2024 Account Active: Yes

Collector: City of Syracuse Department of Water Payable: P.O. BOX 5268, BINGHAMTON, NY 13902

Business # 315-448-8310

UNABLE TO PROVIDE DOCUMENTATION TO THIRD PARTIES. VERBAL INFO ACQUIRED.

Garbage:

Garbage bills are included in the Real Estate Property taxes.



Property Description Report For: 200 Hoefler St & Hartson St, Municipality of City of Syracuse

Status: Active **Roll Section:** Taxable 311500

Swis:

Tax Map ID #: 091.-08-05.0 Property #: 1140002605

Property Class: 210 - 1 Family Res

Site: RES₁

In Ag. District: No

Site Property Class: 210 - 1 Family Res

Zoning Code: 002 **Neighborhood Code:** 15490 **School District:** Syracuse

Total Assessment: 2024 - \$50,000

Property Desc: Lot 19P2o Tr Kelley

100x70.96 Whxgar

Deed Page: 710 **Grid North:** 1106478

Area

Total Acreage/Size:

Land Assessment:

Full Market Value:

Equalization Rate:

Deed Book:

Grid East:

Living Area: 1,436 sq. ft. First Story Area: 1,436 sq. ft. **Second Story Area:** 0 sq. ft. **Half Story Area:** 0 sq. ft. 0 sq. ft. **Additional Story Area:** 3/4 Story Area: 0 sq. ft. **Finished Basement:** 0 sq. ft. **Number of Stories:** 1

Finished Rec Room 0 sq. ft. **Finished Area Over** 0 sq. ft.

Garage

Structure

Building Style: Ranch Bathrooms (Full - Half): 1 - 1 **Bedrooms:** 3 Kitchens: Fireplaces: **Basement Type:** Full

24.00 **Porch Type:** Porch-open/deck **Porch Area: Basement Garage Cap: Attached Garage Cap:** 400.00 sq. ft.

Overall Condition: Overall Grade: Normal Average

Year Built: 1955 **Eff Year Built:**

No Photo Available

100 x 70.96

5000

607760

2024 - \$6,000

2024 - \$80,000

Owners

Laura Stallworth 200 Hoefler St Syracuse NY 13204

Sales

Sale Date	Price	Property Class	Sale Type	Prior Owner	Value Usable	Arms Length	Addl. Parcels	Deed Book and Page
6/23/2006	\$138,500	210 - 1 Family Res	Land & Building	Empire, Housing Develop	No	Yes	No	5000/710
3/21/2006	\$39,089	210 - 1 Family Res	Land & Building	Chase Home Finance Llc	No	No	No	4932/523
12/22/2005	\$74,000	210 - 1 Family Res	Land & Building	Dennis, Ricky	No	No	No	4932/520
6/10/1996	\$65,000	210 - 1 Family Res	Land & Building	Gilbank, Harriet M	No	No	No	4080/277

Utilities

Sewer Type:	Comm/public	Water Supply:	Comm/public
Utilities:	Gas & elec	Heat Type:	Hot air
Fuel Type:	Natural Gas	Central Air:	Yes

Improvements

Structure	Size	Grade	Condition	Year
Gar-1.0 att	20 × 20	Average	Normal	1955
Porch-open/deck	24.00 sq ft	Average	Normal	1955

Special Districts for 2024

Description	Units	Percent	Туре	Value	
OL005-Oiling	100	0%		0	
FL001-Sweeping	70.96	0%		0	
OL001-Oiling Dist(no \$)	100	0%		0	
CSW15-Onon Co Single Fam	1	0%		0	
CWR40-County water	0	0%		0	
SKR02-Res NW Sidewalk	1	0%		0	

Exemptions

Year	Description	Amount	Exempt %	Start Yr	End Yr	V Flag	H Code	Own %
2024	SR CIT C/T	\$25,000	50	2024				0
2024	ENH STAR	\$36,300	0	2012				0

Taxes

Year Description Amount

* Taxes reflect exemptions, but may not include recent changes in assessment.

Subject: Re: City of Syracuse FOILReference2024-1407

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.



Dear Requester,

The Freedom of Information records request that you submitted to the City of Syracuse as referenced above has been partially filled.

- The Permits records associated with this property are enclosed.
 - Redactions have been applied to protect personal information and privacy under NYS POL §87(2)(b).
- There are no existing Codes records associated with this property.

Please click on the <u>Request Number: FOILReference2024-1407</u> to download the response documentation. You have the right to appeal any part of this response in writing within thirty (30) days to:

Office of the Mayor Mayor Ben Walsh 233 E. Washington Street Syracuse, NY 13202

If you have any questions, or require further information, please do not hesitate to contact me.

Sincerely,

Office of the Corporation Counsel 233 E. Washington St. Syracuse, NY 13202 315-448-8400 FOIL@syrgov.net

For Inspections Call 448-8695

165





Does this work, or any part of this project, involve any City, State or Federal approvals, funding or permits?

Yes ____ No ___

City of Syracuse Matthew J. Driscoll, Mayor

PERMIT APPLICATION GENERAL CONTRACTING AND ELEVATOR WORK

				<u> </u>				
Date		Year			Morto 1	Day () (
Job Addr	ess	Number & Street	200		YNACHIO, T SI			
		Unit			Bldg. F	loor		
Contract	or	Name C	DO1 (1)	5	OVICT Phone	Fax #		
		Contractor #/License			Class Contact Person			
		Name C. Dio	<u> </u>	<u></u>	7-			
Owner		- CALLU	E HOU	815				
		Mailing Address						
Applicat (Own. /Auth.		Name (Print)	F77	7	Signature Signature	llerg		
Work Inform		Start Date	Completi	on Dat	Costof Construction Occupancy	oue Fran		
D	ESCR	PTION OF WOR	\ 	 t	FEES			
Alter	atur	u tes BA	MONTH	Bas	e Filing Fee Schedule	Unit Cost		
69	lene	UMA DRYWA	kel,	□ c	ommercial: New Construction/Additions	\$60,00		
0261	(A-27)	Hy Upolat	Ny		ommercial: Renovation/Remodeling	\$40.00		
P	KYM	es. For En	pird		ne & Two Family Dwellings:	\$30.00 per unit		
St	ecs	1	·	N	ew Construction / Additions			
				<u> </u>	One Unit Two Units			
				1—	ne & Two Family Dwellings:	\$25.00 per unit		
				l R	enovations / Remodeling			
	DED				One Unit Two Units	 		
***===		MIT FEE COST		⊔ M•	ultiple Dwelling: New Construction / Additions	\$25.00 per unit		
GENERAL CO					Number of Units			
Cost of Cons				□м	ultiple Dwelling: Renovations / Remodeling	\$25.00 per unit up to 3. \$5.00 ea.		
Cos	t Per In	ousand \$15.00			Number of Units	Add'l. Unit		
ELEVATOR 1	HODY					\$100.00		
		of Construction Cos	.+		evator & 2 Family Dwellings are Exempt	\$100.00		
\$10.00 Fel 11	ilousaric	TO CONSTITUCTION COS) L	BASE FILING FEE FROM SCHEDULE				
PI AN REVIE	W FEE I	OR ELEVATORS		# of l	Owelling Units x Unit Cost	200		
		Less Than \$91,000. s	hali be \$68.	— —	mercial Unit x Unit Cost			
***************************************					it Fee Cost	UC-		
Construction	Cost of	Greater Than \$91,000	, shall be \$75		Subtotal	50		
Per Thousand		***************************************	<u> </u>		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	\$25.00		
					Completion Cocupancy Subcontractor			
Notes:				Gene	Certificate of Completion Fee Shall be waived for ral Construction / Demolition of One, Two & Three Family tures.			
						17/m		
Dept Use		DIO(5	D	1111	Total Permit Fee			
Only	Permit	<u> </u>	Property #		M26M Case # Plans Attached Y / N	Plans on File Y / N		
Permit Type	Agency	Date Sent	Approved	Date	Cert, of Occupancy Requid. Y/N date applied	Cost		
\\\\5	SOCPA				Cert, of Completion Requid. (1/N) date applied	_ Cost		
Building Type					Plan Review Preck / M.O. Number			
(C) (C)	DPW		 		Permit Check / M.O. Number			
Date Issued	PRES		 		TYPE (Enler # or "C" and enter # of units in			
Purpose	HEALTI	-			Enter # of residential units in 1st box and # of commercial			
Code	DOCE	1	l			mercial xed Use)		
Status Code	HVAC/F	1			Existing Units	7		
2Kr)	SPKLR				Unit Change (+/-)	<i>†</i>		
ω.					Oint Grainge (777)			
Additional Permits		C/RY/N Electrical Y/			Commissioner of Deeds			
Requ'd	Water 5	Service Y/N Elevator	Y/N Plumbin	g Y/N		* - 1.		

HISTORIC PROPERTY PERMIT CHECKLIST City of Syracuse/Division of Code Enforcement

In accordance with applicable federal, state and local laws the City of Syracuse is obligated to consider the impact of sponsored actions on historic resources before authorizing such actions. This checklist must be completed and submitted when applying to the City of Syracuse for all building and demolition permits affecting such historic resources.

General	Information:
I	Project Address: 300 Hnulfler 54
I	Project Description: New Construction Demolition Rehab + : Int() Ext()
	oject Address: DO Hack Tex 54 oject Description: New Construction Demolition Rehab: Int() Ext() Other
J	Project Sponsor/Organization:
	Applicant's Name: Exterprise Constitution France 270 Phone:
	Applicant's Signature: Ed M. Coffy Pici, Date: 1-4-07
Sources	of Funding
	Are any Federal funding, permits, or approvals, whether direct or passed through the
•	City or another agency, being used in any way relating to the work of this project,
· i	including acquisition, financing, mortgage guaranties, protessional fees, staff salaries, construction, occupancy subsidies, or other purposes?
	Note: When Federal funds are used on a project (including new construction) involving
	District, eligible for listing, or adjacent to an eligible or listed site all work (including
	and approved by the SHPO. No permit can be issued without SHPO approval.
	Is any State of New York funding being used for any portion of the work of
	this project? Yes No
	Note: Depending on the source of State funding, additional reviews may be required.
	Is any City of Syracuse funding not derived from federal sources being used for any portion of the work of this project?
-	Note: Depending on the nature of City funding, additional reviews may be required.

Note: Depending on the nature of City funding, additional reviews may be required. Consult with City staff person noted below.

06PR400/

Historic Status: Fed	deral & State
Is this proper	ty individually listed in the National Register of Historic Places?Yes No
Is this proper	ty located in a National Register Historic District:Yes (No
Is this proper or to a Nation	ty adjacent to a property individually listed in the National Register nal Register Historic District?
Has this prop	perty been reviewed for eligibility by the State Historic Preservation
	perty been reviewed for eligibility by the State Historic Preservation ()? If so, what determination has been made?
<u>Determinatio</u>	n: Eligible for National Register () Not Eligible
Please attache	n: Eligible for National Register () Not Eligible () ed a copy of the SHPO determination letter to this application.

Historic Status: Local

If so, in accordance with Part C Section VII of the Zoning Ordinance, Preservation Board Approval is also required for issuance of a permit for all exterior and/or site work. Contact Fernando Ortiz, Jr., Commissioner, Department of Community Development,6th floor, City Hall Commons, 201 E. Washington Street (448-8620) for application requirements, schedules, and procedures.

In addition, if previous historic resource surveys or other determinations have identified the property as potentially eligible for local protected site or preservation district status, no permit for demolition (or partial demolition) can be issued until the requirements of Article * of Part C Section VII have been satisfied.

If you have any questions regarding the requirements above, please contact Heather Lamendola at the Syracuse-Onondaga County Planning Agency (315) 448-8633.

Approved for Permit (Subject to satisfaction of all other permit requirements)

Fernando Ortiz, Jr./Commissioner

CITY OF SYRACUSE STATE OF NEW YORK



Case #	8	,
Permit #	BUS	263
Construction	n Class	DIE FAM
`Property #	- 114°CC	X 2605
Fee \$	1	
Charlette O	ш	

COUN	TY OF ONONDA	GA	yrucuse I are		perty		ss <u> </u>
CERT	TIFICATE AF	PLICATION			ck/M.0	D. #	
Propert	y Address:	<u> </u>	Hoefler St				
(Please	include street a	nd zip code)	Harden		-	••	
			e Hours	Tele	ohone	#	× × 220
Name (of Contact Person	n for Inspection <u>u</u>	Enternative OF	Y Tele	phone	#	5-8339
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Commis	ssioner of Deeds		χ		Date	UY/07	
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Floor	Occupancy	Use	Ву	TCO		cc ci	Signature
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2			FIRE. PREV.		 	-	
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GALUSKI PLUMBING & HEATING CO.

104 Worth Street E. Syracuse, NY 13057 315-437-5005





PERMIT APPLICATION HEATING, A.C. & REFRIGERATION

	JAN		417					JAN	
	Job Address		er & St						
	1	Unit	00	HOGTACIE				Bldg.	Floor
	Contractor	Name						Phone #	Fax#
			<u>6</u>	ALUSK, Pla	d	<u> </u>	9	13 o b GA Los K Phone # 315-43 Contact Person	7-5,05
		Contra	actor #	/License# 5 / 8 / 13			Class 13	Contact Person	X
	Owner	Name	K	Hra. w. e 11	4	; n		** Signature of License Holder **Cost of Construction 150-	•
		Mailin	g Addr	ess /4003/A	1	<u># 1)</u>	70 V. 11 14 1 1 1 1 1 1 1		
			4	43 PANK ALL	Sy	R. B	ı Y.	Row F Stale	
	Applicant (Own./Auth. Agent)	Name	(Print)	1 6 G. J K	y' .		l elephone i	# Signature of License Holder	
	Work Information	Start I	Date	1 1		Comp	oletion Date	Cost of Construction	Occupancy
		<u> </u>	.11	10/07				-2500	
	HEATING, A.C	. & R	EFRI	GERATION - ITEM				FEES	
	ITEM		Qty.	ITEM		Qty.		Base Filing Fee Schedule	Unit Cost
٦	Furnace ¹	H01	2	☐ Sup/Ret/Exh/Opn	H31		☐ Commer	cial: New Construction/Additions	\$60.00
ū	Boiler ¹	H02		☐ 6'BBD/Rad.	H32		☐ Commer	cial: Renovation/Remodeling	\$40.00
ō	Heat Pump²	H03		H. W/ STM /Coil1	Н33		☐ One & T	wo Family Dwellings:	\$30. per unit
	Air Conditioner ²	H04		☐ H. W/ STM/ Rad.	H34			struction/Additions	
	Htg/AC Rooftop ^{1,2}	H05	L	Convector	H35	ļ		One Unit Two	
	Fan/Coil Unit ^{1,2}	H06		☐ Fan/Blower³	H36			wo Family Dwellings:	\$25. per unit
<u> </u>	Air Handling Unit ³	H07	-	D Pump/Motor *	H37	-	1 .	ions/Remodeling	25,00
<u> </u>	Make Up Air Unit ³	H08		Chimney/Liner	H38	-		One Unit Two	
<u> </u>	Incremental Unit ^{1,2}	H09		☐ Draft Inducer ☐ Cond. Receiver	H39 H40		u Mulliple i	Dwellings: New Construction/Additi Number of Units	ions \$25. per unit
<u> </u>	Condensing Unit ²	H11		Chem. Feeder	H41		Et Multiple I	Dwellings: Renovations/Remodelin	a \$25./unit up to 3
	Condenser ²	H12		☐ Expansion Tank®	H42	-	a Widilipie	Number of Units	\$5 ea. Add'l Unit
<u> </u>	Evaporator Coil ² Evaporative Cooler ²	H13		U Humidifier	H43		Notes:	Number of Office	_ I\$5 ea. Add I Offic
-	Cooling Tower ²	H14		Dehumidifier	H44	-		ase Filing Fee From Schedule	
_ _	Chiller ²	H15		☐ Fuel Line	H45		# of Dwelling		
-	Stat. Roof Vent	H16		☐ Air Cleaner	H46		Commercial U	Jnitx Unit Cost	
0	Walk-in Cooler ²	H17		☐ Incinerator	H47		HVAC/REF. I	tem Qty2X \$6.00 each	12,00
	Walk-in Freezer ²	H18		☐ Gas Outl. Com.5	H48		Plan Review Fee: \$25	base review fee plus .75 /thousand for any dollar am-	ount over a construction cost of 33,000
۵	Refrigerated Case ²	H19		☐ Kit./Shop Hood	H49			SUBTOTAL	
	Compressor ^{2,9}	H20		☐ Motorized Dmp.	H50			DEPARTMENT USE ONLY	\$25.00
0_	Heat Exchanger¹	H21		☐ Fire Dampers	H51			Certificate Fee	25,00
_ u _	Unit Heater¹	H22		☐ Fuel Tank-Inst. ⁶	H52		☐ Complet	ion 🗆 Occupancy 🗅 Subcontra	actor
	Duct Heater ¹	H23		☐ Fuel Tank-Rem. ⁷	H53			Total Permit Fee	62.08
	Space Heater ¹	H24		☐ Temp.Ctrl.Panel	H54			81526	
	Cabinet Heater	H25		☐ T'stat/Sensor	H55		Dept Use Only	Permit # Property # // Y	0002600
ū	Radiant Heater	H26		☐ Temp.Ctrl.Valve	H56		Permit Type	Cert. of Occupancy Requ'd Y/N date applied	Cost
	Electric Heater ¹	H27			H57		н .	Cert. of Completion Requ'd Y/N date applied	1/// 1Cost 2
<u> </u>	Infra Red Heater	H28			H58		Building Type	Cert. of Subcontract Requ'd Y/N date applied	dCost
<u> </u>	Heat Reclaimer¹	H29		☐ VAV Box	H59		999	Plan Revit Check/M.O. Numbe	lans Attached Y/N
	Gas/Oil Burner ¹	H30		☐ Mixing Box	H60		Purpose Code	Permit Check/M.O. Number	lans on File Y/N
	Other	H61		□ Other	H61		8	TYPE(Enter "R" or "C" and enter # of ur	nits in 1st box (Below).
				Total Items			Status Code	Enter # residential units in 1st box and # con	nmercial units in 2nd box)
	Footnotes		Qty.			Qty.	262	Resid	
¹ Eac	h 50 MBH =		1	⁶ Each 250 Ga.l =		1	Date Issued	or Con	nmercial (If Mixed Use)
² Eac	h 2 Tons Cooling	<u> </u>	1	⁷ Each 1,000 Gal. =	=[1	11/16	Existing Units	·
_	h 2,000 CFM =	- 1	1.	⁸ Each 15 Gal. =		1	Case #	Unit Change (+/-)	
,	h HP ≊		1	⁹ Each HP Air =		1	<i>(</i> /	n	11
-			1			1	0 .	Commissioner of Deeds	Laure 1
<u>ac</u>	<u>:h_Outlet_=</u>						<u> </u>		

Permits and Certificates • Division of Code Enforcement

201 E. Washington St., Rm. 101 • Syracuse, NY 13202-1430

CITY OF SYRACUSE STATE OF NEW YORK



Case #	8
Permit #_	81526
Construction	on Class
Property #	114000 2605

COUNTY OF ONONDAG		yracuse	Property # // Fee \$	
CERTIFICATE API	<i>a</i> 1/		Check/M.O. #	
Property Address:(Please include street and	d zip code)	fler		-
Owner"s Name		Housing,	Telephone #	
Name of Contact Person	for Inspection	de Gillesha	Telephone #	
☐ SUBCONTRACTOR C	ERTIFICATE	EING APPLIED FOR (C	tantially remodeled bui	
depose and say, that I am which is located in Syracuse applicable codes, ordinand requirements on file with this Signature	e, New York; that the e ces. laws, regulation:	construction or remodeling s, generally-accepted star	of this building is in condards, plans, specific	nformance with all cations and other
CERTIFICATE OF CO	MPI FTION: For all v	work not requiring a Certifi	cate of Occupancy	
I,	se, New York; that licable codes, ordin	said construction, mechan	owner of this above-re nical system, or instal generally-accepted	llation shall be in standards, plans,
	DECTION Facilities			
I,depose and say, that I am which is located in Syracuse	the owner or authoriz		bowner of this above-re	
which is a component, of ins	tallation of the above	e referenced property.	T-107.0	
Signature				
Commissioner of Deeds _ OWNER OF AL	B Da	BED AND SWORN TO M SENTATIVE MUST BE PI	E Date <u>07 ~</u> RESENT AT INSPECT	
OCCUPANCY BY FLOOR	FOF APPROVALS	R OFFICE USE ONLY	,	
Type/	ALTHOVALS	Approved	For	

	Type/		Approved		F	or		
Floor	Occupancy	Use	Ву	TCO	CO	CC	CI	Signature
B/C			PLBG. INSPR					
1			 ELEC. INSPR.					
2	7 10 20 20 10		FIRE, PREV.					
3			ZONING					
4			 BLDG. EXAMINER					
5			HVAC. INSPR					
6			ELEV. INSPR					
			 FIRE SUPP. INSPR					

THE FOLLOWING MUST BE COMPLETED ON THE TCO BEFORE A CO WILL BE ISSUED





City of Syracuse Matthew J. Driscoll, Mayor

PERMIT APPLICATION ELECTRICAL

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Date	1	rear 2019			9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	<u>_</u>
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Owne	er J	Name Saura.				
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		<u>' </u>			FEES	
		RATION - ITEM	E01	QTY	Base Filing Fee Schedule	UNIT COST
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		ening(s)	E03		Commercial: Renovation / Remodeling	\$40.00
Switch Op		D.C.	E04		One & Two Family Dwellings:	\$30. per unit
Disconne		ns	E05	, -	New Construction / Additions	Table Part 2.1111
Service P			E06	H	☐ One Unit ☐ Two Units	
Sub Pane			E07	\vdash	☑ One & Two Family Dwellings:	\$25), per unit
☐ Meter Soc		<u> </u>	E08	\vdash	Renovations / Remodeling	
Fire Alarm			E09		V One Unit ☐ Two Units	
X		g Device(s)	E10	7	Multiple Dwelling: New Construction / Additions	\$25. per unit
Burglar Ai			E11	-	Number of Units	
Baseboard		9)	E12		Multiple Dwelling:Renovations / Remodeling	\$25. per unit up
☐ Water Hea	iter(s)		E13	-	ш	to 3. \$5 ea.
☐ Dryer(s)			E14		Number of Units	Add'l. Unit
☐ Lighted Ex			E15		Disconnect / Reconnet (Transfer) E96	\$25.
Transform		<u> </u>	E16	H	Meter Set E97	
	E1(S)		E17		Base Filing Fee From Schedule	25
Motor(s) Switchboa	rd(e)		E18		# of Dwelling Units x Unit Cost	1.7.
GFI	114(3)		E19		Commercial Unitx Unit Cost	
□ Horn		-	E20	\Box	ELECTRICAL Item Qty7x \$2.00 each	14
Strobe		1.2	E21		Subtotal	39
Appl. Circ	uit		E22		Plan Review Fee: \$25 base review fee plus .75/thousand	,
∏ Siren			E23	7	for those projects with a construction cost greater than \$33,000	_
Pool Circu	ıit	·	E24		Department Use Only	(\$25.)
Wireless C			E25		Certificate Fee	
Other	20111101	<u>, , , , , , , , , , , , , , , , , , , </u>	E98		☐ Completion ☐ Occupancy ☐ Subcontractor	
Other			E98		Notes:	
Other	=		E98			
7	Tota	I Items	-	7	114600 260 5 Total Permit Fee	64-
Dept Use	Permit	<u> </u>			<u> </u>	11- V/M
Only	#	14112	Property		Case # (Plans Attached Y/N Plans on F	
Permit Type	Agency	Date Sent	Approv	ed Date	1 1113	7
シ	SOPCA				Cert. of Completion Requ'd Y/N date applied 1	t
Building Type:	FIRE				Cert. of Subcontract Requ'd. Y/N date applied Cos	t
999	DPW				Plan Review Check / M.O. Number	
Date Issued	ENG				Permit Check M.O. Numb	
M1112	PRES				TYPE (Enter "R" or "C" and enter # of units in 1st bo	ox (Below).
Purpose Code					Enter # of residential units in 1st box and # of commercial units	in 2nd box
8	DOCE				- Residential Commercia	1
Status Code	HVAC/R				or Commercial (If Mixed Us	
756	SPKLR.				Existing Units	
~~ V		<u> </u>			Unit Change (+/-)	
Additional Permits		Y/N ELECTRICAL Y				0 -
Requ'd	Water Se	rvice Y/N Elevator	Y/N Plum	bing Y/N	Commissioner of Deeds	14

EDAT 2000 Sher Street Synaus My 1304 THIS IS TO CERTIFY THAT THE SECURITY SYSTEM / BURGLAR ALARM SYSTEM HAS BEEN INSTALLED AT THE PROPERTY LOCAT-

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

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

Ate Bunard (ADT

ELECTRICAL INSTALLER'S SIGNATURE

59/86/6

DATE SIGNED

3/2002 Printed by the Syracuse City School Print Services

CITY OF SYRACUSE STATE OF NEW YORK COUNTY OF ONONDAGA



Case # Permit # 94792 Construction Class

			Mere York		#114c	2002605
CERT	IFICATE AP	PLICATION		Fee \$_{Check/M	√. #	
(Please Owner"	include street ans S Name Laur		Striet, Syracus Le Bernard	Telephon	e #	473-7598
				·		
CEF	CONTRACTOR C	ERTIFICATE CUPANCY: For the co	ING APPLIED FOR (C	antially ren	•	•
		المهادين أيها		•	l-	peing duly sworn,
which is applicat	located in Syracus	e, New York; that the coes. laws, regulations	ed representative of the construction or remodeling generally-accepted startion with this permitted action.	owner of th of this build dards, pla	is above-re ling is in co ns, specific	eferenced property informance with all cations and other
Signatu	re					· .
7 CEI	RTIFICATE OF CO	MPLETION: For all w	ork not requiring a Certific	cate of Occ	cupancy	
depose which is conform specifical Signatur CEI	and say, that I am solutions and solutions and/or other remarks. RTIFICATE OF INStands and say, that I am located in Syracuse.	the owner or authorizes, New York; that solicable codes, ordinarequirements on file Annual Pection: For all not the owner or authorize	ed representative of the consideration and construction, mechanances, laws, regulations, with this department in an entire representative of the copy request that an inspective referenced property.	owner of the system generally connection systems.	is; above-re n, or insta- accepted with this	eferenced property llation shall be in standards, plans, permitted activity.
Signatur	′e		<u> </u>			
	ssioner of Deeds _	THORIZED REPRES	BED AND SWORN TO M Worker SENTATIVE MUST BE PI	Date		
	*	FOR	OFFICE USE ONLY	\$	1-1,- 7,4-,-	(1), (4), (4)
OCCUP	ANCY BY FLOOR	APPROVALS		:		T
Floor	Type/ Occupancy	Use	Approved By	TCO CO	or CC CI	Signature
B/C			PLBG. INSPR			
<u>1</u> 2		7.0	ELEC. INSPR. FIRE. PREV.	7 . C		
3			ZONING			<u> </u>
4			BLDG. EXAMINER			
5			HVAC, INSPR			
6			ELEV. INSPR FIRE SUPP. INSPR		 	
		11	THE COLL HOLD	L		

THE FOLLOWING MUST BE COMPLETED ON THE TCO BEFORE A CO WILL BE ISSUED

16





City of Syracuse Matthew J. Driscoll, Mayor

PERMIT APPLICATION ELECTRICAL

Dat	е	Year 16			Month 2	/ フ 。
Job Add	dress	Number and Stre	et /			Ø U
				6	a Hoefler St.	
		Unit	- 1		Bldg. Flo	oor
Contra	ctor	Name M	211	1	Phone # 683-via	×4 9
		Contractor #/Lic	ense#		Class Contact Person 1 1 1 1	all sell
Own	er	Name C			II.	and see
		1	npi	10	11 husing	
		Mailing Address	•		. 0	
Applic		Name (Print)	. /	11	Telephone # Signature of License Holder	
(Own/Auti		Start Date	Ch	mpletion	Date Cost of Construction Oc	cupancy
		106/12/2	20		215107 800	-p = J
ELECTRIC	CAL OPF	RATION - ITEM	·	QTY	FEES	
		Opening(s)	E01	7	Base Filing Fee Schedule	UNIT COST
Lighting	Fixture Op	pening(s)	E02		Commercial: New Construction / Additions	\$60.00
Switch O	pening(s)		E03	.5	Commercial: Renovation / Remodeling	\$40.00
Disconne	cting Mea	ins	E04		☐ One & Two Family Dwellings:	\$30. per unit
☐ Service P	anel(s)		E05		New Construction / Additions	
☐ Sub Pane	el(s)		E06	<u> </u>	One Unit Two Units	
☐ Meter So			E07	Ļ	One & Two Family Dwellings:	\$25. per unit
		g Device(s)	E08	 -	Renovations / Remodeling	
		ng Device(s)	E09	 	One Unit Two Units	\$25 per :
☐ Burglar A			E10 E11	 	Multiple Dwelling: New Construction / Additions Number of Units	\$25. per unit
☐ Baseboar	<u>`</u>	e)	E11	├	Number of Units Multiple Dwelling:Renovations / Remodeling	\$25, per unit up
☐ Water He	ater(s)		E13	\vdash	Multiple Dwelling. Relievations / Relifedelling	to 3. \$5 ea.
☐ Dryer(s)☐ Lighted E	xit Siane		E14	 	Number of Units	Add'l. Unit
☐ Emergen)	E15	† –	Disconnect / Reconnet (Transfer) E96	\$25.
Transform		•	E16		Meter Set E97	
☐ Motor(s)		<u>.</u>	E17	T -	Base Filing Fee From Schedule	.,
Switchbo	ard(s)	· · · · · · · · · · · · · · · · · · ·	E18	·	# of Dwelling Units/x Unit Cost	25.00
☐ GFI			E19	1	Commercial Unitx Unit Cost	
Horn			E20		ELECTRICAL Item Qty/_3_ x \$2.00 each	26:00
Strobe			E21		Subtotal	
Appl. Circ	cuit		E22		Plan Review Fee: \$25 base review fee plus .75/thousand	
Siren			E23		for those projects with a construction cost greater than \$33,000	
☐ Pool Circ			E24		Department Use Only	\$25
☐ Wireless	Control		E25		Certificate Fee	
☐ Other	_		E98	 	Completion Occupancy Subcontractor	
Other	-		E98		Notės:	
Other	T_1	al Itama	E 70	13	//i/h 2/ Tatal Barmit Eas	7/1
2		al Items		1/2	// Y// On A GO Total Permit Fee	1660
Dept Use Only	Permit #	81170	Prop	erty #/	Case # / Plans Attached Y/N Plans o	n File Y/N
Permit Type	Agency	Date Sent	Approv	ed Date		t
1 2	SOPCA				Cert. of Completion Requ'd.(Y/N date applied 1997 Cos	ر_ <i>حک</i>
Building Type	FIRE				Cert. of Subcontract Requ'd. Y/N date applied Cos	t
999	DPW				Plan Review Check M.O. Number	
Date Issued	ENG				Permit D Check M.O. Number	
F0101	PRES				TYPE (Enter "R" or "C" and enter # of units in 1st bo	x (Below).
Purpose Code 8	I				Enter # of residential units in 1st box and # of commercial units	in 2nd box
	DOCE HVAC/R				Residential Commercia	
Status Code	SPKLR.				or Commercial (If Mixed Us	e)
1213	JOF ILE.				Existing Units	
Additional	HVAC/P		/N Sprin	kler Y/N	Unit Change (+/-)	
Permits Regu'd			-		Commissioner of Deeds Balance	

CITY OF SYRACUSE STATE OF NEW YORK COUNTY OF ONONDAGA



Case #
Permit #_81175
Construction Class
Property,# <u> 4000 2605</u> Fee \$ 35,00
Fee \$ 25,00
Check/Mba-#

					Propert Fee \$	1 y	> ^{[[}	4000 2605
	TIFICATE AF		١.		Check/	ůro_#	¥ į	<u> </u>
Propert	ty Address:	200 Hoch	l ei	C St.				
/Plaase	include street au	ad zip code) .		× 1	east Co			
Owner'	's Name(of Contact Person	JUMICE NO	1 <u>6 1/1</u>				InX:	3-5199
name (
- cur	TYPE O SCONTRACTOR O		BE	ING APPLIED FOR (C	heck on	e box	only))
CEI			ie co	nstruction of new or subs	tantially re	emodele	ed bui	ldings or a
]].	go or codapancy.				·		b	peing duly swom
depose	and say, that I am	the owner or auth	horiz	ed representative of the	owner of t	his abo	ove-re	ferenced property
which is	s located in Syracus	se, New York; that t	the co	onstruction or remodeling generally-accepted sta	of this bui ndards ol	lding is lans s	in coi necific	ntormance with all cations, and othe
				ion with this permitted act				
Signatu	ıre							
Th CE	RTIFICATE OF CO	OMPLETION: For:	all w	ork not requiring a Certif	icate of Or	ccupan	CV	
٣ ٥	110 /2.	1	CAII VI	one not requiring a certain	.04.0 0, 0	ооцран	,	
· · · · <u>/</u>	Julia Ma	7-4						eing duly swom
depose	and say, that I am s located in Syrac	the owner or authuse. New York: th	norize nat s	ed representative of the aid construction, mecha	owner of t nical_syste	inis abo em. or	ove-re ∵insta	rerenced propert llation shall be i
conform	nance with all ap	plicable codes, or	rdina	nces, laws, regulations	, generall	y-acce _l	pted	standards, plans
specific	ations and/or othe	r requirements on	file	with this department in	connection	on with	this	permitted activity
Signatu	re Will	- Jufy						
<u> </u>								
☐ CE	RTIFICATE OF IN	SPECTION: For all	ll nor	n-permit related inspection	ons.			
 1,							b	eing duly swom
				ed representative of the				
which is	located in Syracus	se, New York; that I	here	eby request that an inspec	ction be m	ade of		
which is	a component, of ir	stallation of the ab	ove	referenced property.				
Signatu	re							
		SUBS	CRIE	BED AND/SWORN TO M	 1E		·k	207
		-11.1		D.MI)		1.	นไว้	Ald
Commi	ssioner of Deeds	UTUOPIZED BE	X	ENTATIVE MUST BE D		طیر AT INS	DEC	000
	OWNER OF A	TO I HORIZED RE	'hE	SENTATIVE MUST BE P	HESEN!	A1 INS	PEC	
OCCUP	ANCY BY FLOOR			OFFICE USE ONLY				
	Type/			Approved	<u> </u>	For		
Floor	Occupancy	Use		Ву	TCO CC	CC	CI	Signature
B/C			\vdash	PLBG. INSPR	+	-	-	<u> </u>
1	1	l		ELEC. INSPR.			<u>i </u>	I

	Type/		Approved		<u> </u>	or		
Floor	Occupancy	Use	Ву	TCO	СО	CC	CI	Signature
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 MUST BE COMPLETED ON THE TCO BEFORE A CO WILL BE ISSUED

City of Syracuse
Roy A. Bernardi, Mayor





PERMIT APPLICATION **ELECTRICAL**

Date	Year		Month	Day
	99		<i></i>	25
Job Address	Number & Street	2 42		
	Unit	20 00	Bldg.	Floor
Contractor	Name SOS		Phone # H210-0211)	Fax #
	Contractor #/License #		Class Contact Person	
	120000 16381		Scott	
Owner	Name Salul Denni	C.		
	Mailing Address			
Applicant	Name (Print)		Telephone # Signature of Ligans Helder	
(Own./Auth. Agent)	Tom Smolins	<i>(</i>)	Telephone # Signature of License Holder	
Work Information	Start Date		etion Date Cost of Construction	Occupancy
	6 25	(v 25 Ø	
ELECTRICAL	OPERATION - ITEM	QTY	FEES	
☐ Receptacle Ou	utlet Opening(s) E01		Base Filing Fee Schedule	Unit Cost
☐ Lighting Fixtur	e Opening(s) E02		☐ Commercial: New Construction/Additions	\$60.00
□ Switch Opening	g (s) E03		☐ Commercial: Renovation/Remodeling	\$40.00
 Disconnecting 	Means E04		One & Two Family Dwellings:	\$30. per unit
 Service Panel 	(s) E05		New Construction/Additions	por unit
☐ Sub Panel(s)	E06		One Unit	
□ Meter Socket(:	S) E07		One & Two Family Dwellings:	\$25. per unit
□ Fire Alarm Initi	ating Device(s) E08		Renovations/Remodeling	por dine
☐ Fire Alarm Indi	icating Device(s) E09		☐ One Unit ☐ Two Units	
☐ Burglar Alarm	Device(s) E10		☐ Multiple Dwellings: New Construction/Additions	\$25. per unit
 Baseboard He 	ater(s) E11		Number of Units	ozo. per anic
☐ Water Heater(s) E12		☐ Multiple Dwellings: Renovations/Remodeling	\$25. per unit
☐ Dryer(s)	E13		Number of Units	up to 3. \$5 ea.
 Lighted Exit Si 	gns E14	1		Add'l. Unit
Emergency Lig	jht(s) E15		☐ Disconnect/Reconnect (Transfer) E96	\$25.00
☐ Transformer(s)	E16		☐ Meter Set E97	420.00
☐ Motor(s)	E17		Base Filing Fee From Schedule	
☐ Switchboard(s) E18		# of Dwelling Unitsx Unit Cost 25	25
□ GFI	E19		Commercial Unitx Unit Cost	
☐ Horn	E20		ELECTRICAL Item Qty. \ X \$2.00 each	7 -
☐ Strobe	E21		Subtotal	27 (0)
Appl. Circuit	E22		Plan Review Fee: \$25 base review fee plus .75/thousand	W/- UB
☐ Siren	E23		for those projects with a contruction cost greater than 33,000	
□ Pool Circuit	E24		Department Use Only	\$25.00
Wireless Contr	ol E25	17	Certificate Fee	
☐ Other	E98	,	□Completion □ Occupancy □ Subcontractor	
☐ Other	E98		Notes:	
☐ Other	E99			
Tot	al Items		Total Permit Fee	52.00
	V 4 2 2 40-	///	10(0) / (- 0 N/C)	
Dept Use Only Permit # Permit Type Agency	Date Sent Ap	proved Da	Plans Attached Y/N	Plans on File Y/N
SOPCA	, <u>, , , , , , , , , , , , , , , , , , </u>	piovou De	Cert. of Completion Requid Y/N date applied 7/2 Cost 2	<u></u>
Building Type FIRE			Cert. of Subcontract Requ'd Y/N date applied Cost	
999 DPW Date issued ENG			Plan Review Check/M.O. Number Permit n Check/M.O. Number	
G()) PRES			Permit Check/M.O. Number_ TYPE(Enter "R" or "C" and enter # of units in 1st box (Berow).	_
Purpose Code HEALTH			Enter # of residential units in 1st box and # of commercial units in 2nd bo	x)
8 DOCE Status Code HVAC/R			Residential Commercial	
SPKLR.			or Commercial (If Mixed Use) Existing Units	
7~			Unit Change (+/-)	
Additional HVAC	/R Y/N Electrical Y/N	Sprinkler \		

CITY OF SYRACUSE STATE OF NEW YORK COUNTY OF ONONDAGA



Case #	_ 7
Permit #	40320
Construction	on Class
Property #	1140002605
Fee \$	25
Check/M O	#

CERI	IIFICATE AP	PLICATION			Chec	k/M.O	.#_	
ropert	y Address: _200	2 Huefler St.	Syr.					
Please in: Nunore	clude street address and Name	zip code)	•		- (
	of Contact Person		Sos		_ lelep	none #	: 	
GINO C	o contact i ciscii	TOT TISPECTION	<u> </u>		_ ieiep	none #	·	
)	SUBCONTRACTO CERTIFICATE OF of occupancy.	R CERTIFICATE	CATE BEING APPLIED FOR				uildings	or a change
rdinan	in Syracuse, New ces, laws, regulat	York; that the construions, generally-accer	orized representative of the action or remodeling of this loted standards, plans, specactivity and is structurally s	ouilding is cifications	in confo	ormano	ference e with a	il annicable code
ignatu	re				_			
ZÍ	CERTIFICATE OF	COMPLETION: For a	all work not requiring a Cert	ificate of (Occupar	псу.		
pocated application file vision file visio	on Syracuse, New cole codes, ordinance with this departme re CERTIFICATE OF and say, that I ar in Syracuse, New llation of the above	n the owner or author york; that said considers, laws, regulations and in connection with INSPECTION: For all on the owner or author with the owner or author in	prized representative of the struction, mechanical syste of the struction, mechanical syste of the struction, mechanical syste of the struction of the struction of the struction of the sequest that an inspection but the structure of the sequest that an inspection but the structure of the sequest that an inspection but the structure of the sequest that an inspection but the structure of the sequest that an inspection but the structure of the sequest that an inspection but the structure of the st	m, or inst rds, plans tions.	allation , specific	shall b	erenced be in co and/or beir beir	nformance with a other requiremen
		12	IBSCRIBED AND SWORN	TO ME	-			2.6
ommi	owne		REPRESENTATIVE MUST	BE PRESI	ENT AT	_ Date	-	99-7-20
	OCCUPAN	CY BY FLOOR	FOR OFFICE USE ONLY		IPPROV	/ALS		
.	Туре		Approved		For			
Floor B/C	Occupancy	Use	By DI DC INCOD	TCO	CO	CC	CI	Signature
1			PLBG. INSPR. ELEC. INSPR.	_			↓	····
2		 	FIRE PREV.	 			ļ	
3		 	ZONING		ļ		 	<u> </u>
4		+	BLDG. EXAMINER	+			 	·
5		1	HVAC INSPR.	1				
6			ELEV. INSPR.				 	
-		 	FIRE SUPP. INSPR.					
	THE FOLLOW	/ING ITEMS MUST E	FIRE SUPP. INSPR.	CO BEFOR	RE A CO) WILL	BE ISS	SUED.

SEE REVERSE SIDE FOR APPLICATION FEES

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

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 GENERALLY ACCEPTED STANDARDS, PLANS AND / OR OTHER REQUIREMENTS IN CONNECTION WITH THIS PERMIT. SUBSTANTIAL COMPLIANCE WITH ALL APPLICABLE CODES,

7/14/99 DATE SIGNED

GW X V L ELECTRICAL INSTALLERS SIGNATURE

JEP/NOV1596
Printed by the City of Syracuse Office of Community Services - Print Services

CDR216 8711/99

CITY OF SYMACUSE, N.Y. BIVISION FO HOUSING AND NEIGHBORHOOD REVITALIZATION

PAGE 31

DHNR CASE STATUS REPORT

ADDRESS PERSON TO MLD) PHONE REASON EXAM CODELEC CODE FIRE PLUMB

200 HOEFLER ST 00002 SCOTT D'ALBA J40370

PERMIT

	PERMIT	CODE	STEAR	REMARK/JESCR
1.		00%	99707720	INITIAL RECORD ENTRY - CODES SYSTEM
2	40370	256	99757720	PERMIT ISSUED ELECTRICAL/SECURITY
3	40370	03.7	99707720	APPLICATION FOR CERTIFICATE OF COMPLETION MADE
4	40370	972	99707720	CERTIFICATION OF SECURITY/BURGLAR ALARM INSTALLATION RECEIVED FROM ELECTRICIAN
5		988	99707723	INSPECTED BY 188 (PETER FRACOLA)
6		366	99707723	NO ON SITE INSPECTION MADE (PROCESSED IN HOUSE)
7		988	99708706	INSPECTED BY 188 (PETER FRAGOLA)
B		366	99708706	NO ON SITE INSPECTION MADE (PROCESSED IN HOUSE)
Ģ	40370	280	99708708	PERMIT FINALED ELECTRICAL / SECURITY
10	40370	973	99703706	COMPLETION OF SECURITY SYSTEM LETTER SENT
11		053	99700706	CASE CLOSED

}

PERMIT

ADDRESS 200 HOEFLER	CASE FULL ADDRESS ST 2 200 HOEFLER STREET	FERSON TO MEDIT SCOTT BYALBA	PHONE: REASON J40370	* EXAMINER: 188:PETER FRAGOLA	* ELECTRIC: :	
AKA		MERT DATE: 99/08/06 TIME:	EXAM TYPE: EXAM &EL	ECT CASE OPENED: 99/07/20)	
	OWNER THEORETE TO BELFORE 200 HOEFLER ST	HARAKANANANANANANANA STRUC	TURE INFORMATION ******	ጚ ጙ ዀዀጟጙፙፙጟጟጟጚጞ ዄጟፙ ፙጟጜ፞ቚፙጜቔፘቘዀቘፙጟጙፙቜቜቚ	₹ ₩₩₩	
Richard	OWNER INFORMATION	PHONE	AGENT INFORMATION	PHONE	AUDITIONAL ADDRESS	
. Dr	KENNETH F 1 HARRIET TO STEPANS 200 HOEFLER ST SYRACUSE, NY 13204 FAXI	WKI 0000 RFI CELLI	1 			
LAST CC1 0/	00/00 LAST CS: 0/00/00 LAST CO	: 0/00/00 LAST CA:	SPRINKER CERT? 0/00/00 SM	OKE CERT? 0/00/00 MRL?	ELEVATOR CERT? 0/00/00 PARK GAR?!	0/00/00
CONSTRUC. CODE	APTS ROOMS COMM OTHERU DOWN VAC t N H AND DESCRIPTION: 99 ** INVALID	0/00/00 210 02 N		RTY NO DCCUPANCY CODE AND DESCRIF 002605 G29 ONE-FAMILY HOUSES ROUND RES OCC CHANGE;	PTION: AUXILARY BUILD? NOME	
ZONING CDES:	RESERVED FOR FUTURE USE RESERVED FOR FUTURE USE RESERVED FOR FUTURE USE		RESERVED FOR FUTURE USE RESERVED FOR FUTURE USE			
PER	SONAL CONTACT ATTEMPTS (THREE)					
BY THE FOI	PERSONAL CONTACT ATTEMPT ON THE I LLOWING MEANS: I SENT A "REQUEST FOR INSPECTION" I MADE PERSONAL CONTACT.					
DAY OF () () ()	PERSONAL CONTACT ATTEMPT BY MEANS OF , 19 AT THE FOLLOWING NUMBER I MADE A TELEPHONE CALL; I LEFT A MESSAGE ON A MACHINE OR U I CALLED BIT WAS UNABLE TO REACH! I MADE PERSONAL CONTACT.	IITH A PERSON;		160	a holy Fail	
BY THE FO	PERSONAL CONTACT ATTEMPT ON THE : LLOWING MEANS: I LEFT A DOOR HANGER; I MADE PERSONAL CONTACT:	MAY OF 19	INS	PECTOR: // INSPECTION DATE:	99/05/06 signature:	<u></u>
					•	

CDR224	
8/05/99	

CITY OF SYRACUSE, N.Y. ***** DIVISION OF CODE ENFORCEMENT *****

PAGE: 742

BEGUN COMPL

PERM1T

		KEY1*** 1 THTS IS	A REMARK THAT IS USUAL	LLY PERMIT RELATED.		
į	SER #	DATE		REMARK/DESCR		
ı	1.	E0000 99/07/20	SECURITY PERMIT			
		* PERMIT ITE	MS1	1 WIRELESS CONTROL		
ı	Ι,			E PERSON RESPONSIBLE FOR THE MAINTENA	INCE OF	
	THE P	ROPERTY DESCRIBED	AROVE: IN CONSIDERATI	ION OF THE CITY GIVING ME AN EXTENSION	JN	
	OF TI	ME TO RESOLVE THIS	S SITUATION, I AM SIGNI	ING THIS WRITTEN AGREEMENT TO CORRECT		
	ALI. C	ODE VIOLATIONS BY	+ THE CXTY HE	EREBY GRANTS THIS EXTENSION:		
	OWNER					
	INSPE	CTOR				
	APPRO	VED BY				

CITY OF SYRACUSE STATE OF NEW YORK COUNTY OF ONONDAGA



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Case #	
Permit #	40320
Construction	n Class
Property #	1140002605
Fee \$	35
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CERTIFICATE APPLICATION

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ame of	Contact Person fo	or Inspection	SDS	T	elepho	one#_		
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	SUBCONTRACTOR		the construction of new or su	ihstantially re	emode	eled bui	ldings	or a change
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n file v	ith this departmer	nt in connection v	with this permitted activity.					
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Vito Sciscioli Commissioner



George A. Napolitano Director of Codes

DEPARTMENT OF COMMUNITY DEVELOPMENT DIVISION OF CODE ENFORCEMENT

Roy A. Bernardi, Mayor

COMPLETION OF SECURITY SYSTEM CERTIFICATE

08/10/99

ASST. DIRECTOR

DATE

RICKY & SALLY DENIS 200 HOEFLER ST SYRACUSE NY 13204

Re:

PERMIT:

200 HOEFLER STREET

THE ISSUANCE OF THIS DOCUMENT VERIFIES THAT OUR OFFICE HAS RECEIVED NOTIFICATION FROM YOUR ELECTRICIAN THAT THE SECURITY SYSTEM FOR THE ABOVE-REFERENCED PROPERTY HAS BEEN INSTALLED AND IS IN OPERATING CONDITION. THIS WORK WAS PERFORMED UNDER THE ELECTRICAL PERMIT LISTED BELOW. AS A LICENSED ELECTRICAL INSTALLER, YOUR ELECTRICIAN IS REQUIRED TO BE IN SUBSTANTIAL CONFORMANCE WITH APPLICABLE CODES, GENERALLY ACCEPTED STANDARDS, PLANS AND/OR OTHER REQUIREMENTS ON FILE WITH THIS DEPARTMENT IN CONNECTION WITH THIS PERMIT,

THE ISSUANCE OF THIS DOCUMENT SHALL NOT BE CONSTRUED AS TO ABSOLVE THE CONTRACTOR OR OWNER OF ANY OBLIGATION TO INSURE COMPLIMANCE WITH ALL APPLICABLE CODES RULES OR REGULATIONS RELEVANT TO THIS PERMITTED CONSTRUCTION OR WORK.

INSPECTOR DA

40370

PROPERTY: 1140002605