



## Property Information

## Request Information

## 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

*No Photo Available*

<b>Status:</b>	Active
<b>Roll Section:</b>	Taxable
<b>Swis:</b>	311500
<b>Tax Map ID #:</b>	091.-08-05.0
<b>Property #:</b>	1140002605
<b>Property Class:</b>	210 - 1 Family Res
<b>Site:</b>	RES 1
<b>In Ag. District:</b>	No
<b>Site Property Class:</b>	210 - 1 Family Res
<b>Zoning Code:</b>	002
<b>Neighborhood Code:</b>	15490
<b>School District:</b>	Syracuse
<b>Total Assessment:</b>	2024 - \$50,000
<b>Property Desc:</b>	Lot 19P2o Tr Kelley 100x70.96 Whxgar
<b>Deed Book:</b>	5000
<b>Deed Page:</b>	710
<b>Grid East:</b>	607760
<b>Grid North:</b>	1106478

## Area

<b>Living Area:</b>	1,436 sq. ft.	<b>First Story Area:</b>	1,436 sq. ft.
<b>Second Story Area:</b>	0 sq. ft.	<b>Half Story Area:</b>	0 sq. ft.
<b>Additional Story Area:</b>	0 sq. ft.	<b>3/4 Story Area:</b>	0 sq. ft.
<b>Finished Basement:</b>	0 sq. ft.	<b>Number of Stories:</b>	1
<b>Finished Rec Room:</b>	0 sq. ft.	<b>Finished Area Over Garage:</b>	0 sq. ft.

## Structure

<b>Building Style:</b>	Ranch	<b>Bathrooms (Full - Half):</b>	1 - 1
<b>Bedrooms:</b>	3	<b>Kitchens:</b>	1
<b>Fireplaces:</b>	0	<b>Basement Type:</b>	Full
<b>Porch Type:</b>	Porch-open/deck	<b>Porch Area:</b>	24.00
<b>Basement Garage Cap:</b>	0	<b>Attached Garage Cap:</b>	400.00 sq. ft.
<b>Overall Condition:</b>	Normal	<b>Overall Grade:</b>	Average
<b>Year Built:</b>	1955	<b>Eff Year Built:</b>	

## Owners

Laura Stallworth  
200 Hoefler St  
Syracuse NY 13204

### Sales

Sale Date	Price	Property Class	Sale Type	Prior Owner	Value Usable	Arms Length	Add. 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

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

### Improvements

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

### Special Districts for 2024

Description	Units	Percent	Type	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
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**\* 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 [Request Number: FOILReference2024-1407](#) 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@syr.gov.net](mailto:FOIL@syr.gov)

For Inspections  
Call 448-8695

165



*[Handwritten initials]*

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

Yes  No

06PR 4001

City of Syracuse  
Matthew J. Driscoll, Mayor

**PERMIT APPLICATION  
GENERAL CONTRACTING AND ELEVATOR WORK**

Date	Year <u>07</u>	Month <u>01</u>	Day <u>04</u>
Job Address	Number & Street <u>200 Noeffler St</u>		
	Unit	Bldg.	Floor
Contractor	Name <u>EMPIRE COURT</u>	Phone	Fax #
	Contractor #/License# <u>2896</u>	Class	Contact Person
Owner	Name <u>EMPIRE HOUSING</u>		
	Mailing Address	[Redacted]	
Applicant (Own./Auth. Agent)	Name (Print) <u>CLIFFY</u>	Telephone #	Signature <i>[Signature]</i>
Work Information	Start Date <u>1/4</u>	Completion Date <u>1/31/07</u>	Cost of Construction <u>200</u> Occupancy <u>ONE FAM</u>

DESCRIPTION OF WORK	FEES	
<u>Alterations to Bathroom by Kenneth Dryden, insulating, updating fixtures. Per signed specs.</u>	<b>Base Filing Fee Schedule</b>	<b>Unit Cost</b>
	<input type="checkbox"/> Commercial: New Construction/Additions	\$60.00
	<input type="checkbox"/> Commercial: Renovation/Remodeling	\$40.00
	<input type="checkbox"/> One & Two Family Dwellings: New Construction / Additions <input type="checkbox"/> One Unit <input type="checkbox"/> Two Units	\$30.00 per unit
	<input type="checkbox"/> One & Two Family Dwellings: Renovations / Remodeling <input type="checkbox"/> One Unit <input type="checkbox"/> Two Units	\$25.00 per unit
<b>PERMIT FEE COST</b>	<input type="checkbox"/> Multiple Dwelling: New Construction / Additions Number of Units _____	\$25.00 per unit
<b>GENERAL CONSTRUCTION</b>	<input type="checkbox"/> Multiple Dwelling: Renovations / Remodeling Number of Units _____	\$25.00 per unit up to 3. \$5.00 ea. Add'l. Unit
Cost of Construction 0-\$500,00		
Cost Per Thousand \$15.00		
<b>ELEVATOR WORK</b>	<input type="checkbox"/> Elevator (1 & 2 Family Dwellings are Exempt)	\$100.00
\$10.00 Per Thousand of Construction Cost		
	<b>BASE FILING FEE FROM SCHEDULE</b>	
<b>PLAN REVIEW FEE FOR ELEVATORS</b>	# of Dwelling Units _____ x Unit Cost _____	<u>25-</u>
Construction Cost of Less Than \$91,000. shall be \$68.	Commercial Unit _____ x Unit Cost _____	
	Permit Fee Cost	<u>45-</u>
Construction Cost of Greater Than \$91,000. shall be \$75.	<b>Subtotal</b>	
Per Thousand or Fraction Thereof.	Plan review Fee: \$25 base review fee plus .75/thousand for those projects with a construction cost greater than 33,000	<u>70-</u>
	<b>DEPARTMENT USE ONLY Certificate Fee</b>	\$25.00
	<input checked="" type="checkbox"/> Completion <input type="checkbox"/> Occupancy <input type="checkbox"/> Subcontractor.	
Notes:	*Note: Certificate of Completion Fee Shall be waived for General Construction / Demolition of One, Two & Three Family Structures.	
	<b>Total Permit Fee</b>	
		<u>110</u>

Dept Use Only	Permit # <u>81263</u>	Property # <u>114002605</u>	Case # <u>8</u>	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
<u>B</u>	SOCPA			Cert. of Completion Requ'd. Y/N date applied <u>1/4</u>	Cost
Building Type	FIRE			Cert. of Subcontract Requ'd. Y/N date applied	Cost
<u>200</u>	DPW			Plan Review <input checked="" type="checkbox"/> Check / M.O.	Number [Redacted]
Date Issued	ENG			Permit <input checked="" type="checkbox"/> Check / M.O.	Number [Redacted]
<u>1/4</u>	PRES			TYPE <u>R</u> (Enter "R" or "C" and enter # of units in 1st box (Below). Enter # of residential units in 1st box and # of commercial units in 2nd box)	
Purpose Code	HEALTH			Residential or Commercial	Commercial (if Mixed Use)
<u>5</u>	DOCE			Existing Units	
Status Code	HVAC/R			Unit Change (+/-)	
<u>200</u>	SPKLR			Commissioner of Deeds	
Additional Permits Requ'd	HVAC/R Y/N Electrical Y/N Sprinkler Y/N Water Service Y/N Elevator Y/N Plumbing Y/N				

# 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:

Project Address: 200 Haulster St

Project Description: New Construction  Demolition  Rehab  : Int ( ) Ext ( )

Other \_\_\_\_\_

Project Sponsor/Organization: Empire Homes & Dev.

Applicant's Name: Enterprise Construction Inc LTD Phone: [REDACTED]

Applicant's Signature: Ed M. Coffey Pres. 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, including acquisition, financing, mortgage guaranties, professional fees, staff salaries, construction, occupancy subsidies, or other purposes? ..... Yes  No

*Note: When Federal funds are used on a project (including new construction) involving or affecting a property listed in the National Register, in a National Register Historic District, eligible for listing, or adjacent to an eligible or listed site all work (including that performed during the project period using non-federal funding) must be reviewed 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. Consult with City staff person noted below.*

Is any City of Syracuse funding not derived from federal sources being used for any portion of the work of this project? ..... Yes  No

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

~~SHPO~~  
06PR4001

Historic Status: Federal & State

Is this property individually listed in the National Register of Historic Places?....Yes  No

Is this property located in a National Register Historic District: .....Yes  No

Is this property adjacent to a property individually listed in the National Register or to a National Register Historic District? .....Yes  No

Has this property been reviewed for eligibility by the State Historic Preservation Office (SHPO)? If so, what determination has been made? .....Yes  No

Determination: Eligible for National Register ( ) Not Eligible   
Please attached a copy of the SHPO determination letter to this application.

Historic Status: Local

Is this property a Protected Site designated by the Syracuse Landmarks Preservation Board or is it located in a local Preservation District? .....Yes  No

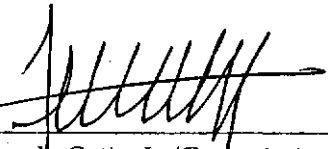
*If so, in accordance with Part C Section VII of the Zoning Ordinance, Preservation Board Approval is also required for issuance of a permit for all exterior and/or site work. Contact Fernando Ortiz, Jr., Commissioner, Department of Community Development, 6<sup>th</sup> floor, City Hall Commons, 201 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.*

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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



Case # 8  
Permit # B-81263  
Construction Class ONE FAM  
Property # 1140002005  
Fee \$ 0  
Check/M.O. # —

**CERTIFICATE APPLICATION**

Property Address: 200 Hoeller St  
(Please include street and zip code)  
Owner's Name Empire Heating Telephone # \_\_\_\_\_  
Name of Contact Person for Inspection ED CLAFFEY Telephone # 415-8339

**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, ED CLAFFEY 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 [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, of installation of the above referenced property.

Signature \_\_\_\_\_

SUBSCRIBED AND SWORN TO ME

Commissioner of Deeds [Signature] Date 1/4/87

OWNER OF AUTHORIZED REPRESENTATIVE MUST BE PRESENT AT INSPECTION.

**FOR OFFICE USE ONLY**

**OCCUPANCY BY FLOOR APPROVALS**

Floor	Type/ Occupancy	Use	Approved By	For				Signature
				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 MUST BE COMPLETED ON THE TCO BEFORE A CO WILL BE ISSUED

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



**GALUSKI PLUMBING & HEATING CO.**  
 104 Worth Street  
 E. Syracuse, NY 13057  
 315-437-5005



City of Syracuse  
 Roy A. Bernardi, Mayor

*BR*

**PERMIT APPLICATION**  
**HEATING, A.C. & REFRIGERATION**

Date	Year	Month	Day
JAN	2007	JAN	
Job Address	Number & Street	Unit	Bldg. Floor
	200 HoeFler		
Contractor	Name	Phone #	Fax #
	GALUSKI PLG & HTG	315-437-5005	X
	Contractor #/License #	Class	Contact Person
	518 B	13	X
Owner	Name	Mailing Address	
	EMPIRE HEATING & DOOR/SHUTTER	643 PARK AVE SYR, NY	
Applicant (Own./Auth. Agent)	Name (Print)	Telephone #	Signature of License Holder
	ROBERT F. GALUSKI	437-5005	Rob F Galuski
Work Information	Start Date	Completion Date	Cost of Construction Occupancy
	11/10/07		\$25000-

HEATING, A.C. & REFRIGERATION - ITEM				FEES	
ITEM	Qty.	ITEM	Qty.	Base Filing Fee Schedule	Unit Cost
<input type="checkbox"/> Furnace <sup>1</sup>	H01 2	<input type="checkbox"/> Sup/Ret/Exh/Opn	H31	<input type="checkbox"/> Commercial: New Construction/Additions	\$60.00
<input type="checkbox"/> Boiler <sup>1</sup>	H02	<input type="checkbox"/> 6" BBD/Rad.	H32	<input type="checkbox"/> Commercial: Renovation/Remodeling	\$40.00
<input type="checkbox"/> Heat Pump <sup>2</sup>	H03	<input type="checkbox"/> H. W/ STM /Coil <sup>1</sup>	H33	<input type="checkbox"/> One & Two Family Dwellings:	\$30. per unit
<input type="checkbox"/> Air Conditioner <sup>2</sup>	H04	<input type="checkbox"/> H. W/ STM/ Rad.	H34	New Construction/Additions	
<input type="checkbox"/> Htg/AC Rooftop <sup>1,2</sup>	H05	<input type="checkbox"/> Convactor	H35	<input type="checkbox"/> One Unit <input type="checkbox"/> Two Units	
<input type="checkbox"/> Fan/Coil Unit <sup>1,2</sup>	H06	<input type="checkbox"/> Fan/Blower <sup>3</sup>	H36	<input type="checkbox"/> One & Two Family Dwellings:	\$25. per unit
<input type="checkbox"/> Air Handling Unit <sup>3</sup>	H07	<input type="checkbox"/> Pump/Motor <sup>4</sup>	H37	Renovations/Remodeling	25.00
<input type="checkbox"/> Make Up Air Unit <sup>3</sup>	H08	<input type="checkbox"/> Chimney/Liner	H38	<input checked="" type="checkbox"/> One Unit <input type="checkbox"/> Two Units	
<input type="checkbox"/> Incremental Unit <sup>1,2</sup>	H09	<input type="checkbox"/> Draft Inducer	H39	<input type="checkbox"/> Multiple Dwellings: New Construction/Additions	\$25. per unit
<input type="checkbox"/> Condensing Unit <sup>2</sup>	H10	<input type="checkbox"/> Cond. Receiver	H40	Number of Units _____	
<input type="checkbox"/> Condense <sup>2</sup>	H11	<input type="checkbox"/> Chem. Feeder	H41	<input type="checkbox"/> Multiple Dwellings: Renovations/Remodeling	\$25./unit up to 3
<input type="checkbox"/> Evaporator Coil <sup>2</sup>	H12	<input type="checkbox"/> Expansion Tank <sup>8</sup>	H42	Number of Units _____	\$5 ea. Add'l Unit
<input type="checkbox"/> Evaporative Cooler <sup>2</sup>	H13	<input type="checkbox"/> Humidifier	H43	Notes:	
<input type="checkbox"/> Cooling Tower <sup>2</sup>	H14	<input type="checkbox"/> Dehumidifier	H44	Base Filing Fee From Schedule	
<input type="checkbox"/> Chiller <sup>2</sup>	H15	<input type="checkbox"/> Fuel Line	H45	# of Dwelling Units _____ x Unit Cost _____	
<input type="checkbox"/> Stat. Roof Vent	H16	<input type="checkbox"/> Air Cleaner	H46	Commercial Unit _____ x Unit Cost _____	
<input type="checkbox"/> Walk-in Cooler <sup>2</sup>	H17	<input type="checkbox"/> Incinerator	H47	HVAC/REF. Item Qty. 2 X \$6.00 each	12.00
<input type="checkbox"/> Walk-in Freezer <sup>2</sup>	H18	<input type="checkbox"/> Gas Outl. Com. <sup>5</sup>	H48	Plan Review Fee: \$25 base review fee plus .75 /thousand for any dollar amount over a construction cost of 33,000	
<input type="checkbox"/> Refrigerated Case <sup>2</sup>	H19	<input type="checkbox"/> Kit./Shop Hood	H49	<b>SUBTOTAL</b>	
<input type="checkbox"/> Compressor <sup>2,9</sup>	H20	<input type="checkbox"/> Motorized Dmp.	H50	DEPARTMENT USE ONLY	\$25.00
<input type="checkbox"/> Heat Exchanger <sup>1</sup>	H21	<input type="checkbox"/> Fire Dampers	H51	Certificate Fee	25.00
<input type="checkbox"/> Unit Heater <sup>1</sup>	H22	<input type="checkbox"/> Fuel Tank-Inst. <sup>6</sup>	H52	<input type="checkbox"/> Completion <input type="checkbox"/> Occupancy <input type="checkbox"/> Subcontractor	
<input type="checkbox"/> Duct Heater <sup>1</sup>	H23	<input type="checkbox"/> Fuel Tank-Rem. <sup>7</sup>	H53	<b>Total Permit Fee</b>	62.00
<input type="checkbox"/> Space Heater <sup>1</sup>	H24	<input type="checkbox"/> Temp.Ctrl.Panel	H54		
<input type="checkbox"/> Cabinet Heater <sup>1</sup>	H25	<input type="checkbox"/> T/stat/Sensor	H55		
<input type="checkbox"/> Radiant Heater <sup>1</sup>	H26	<input type="checkbox"/> Temp.Ctrl.Valve	H56		
<input type="checkbox"/> Electric Heater <sup>1</sup>	H27	<input type="checkbox"/> Flue Damper	H57		
<input type="checkbox"/> Infra Red Heater <sup>1</sup>	H28	<input type="checkbox"/> Generator	H58		
<input type="checkbox"/> Heat Reclaimer <sup>1</sup>	H29	<input type="checkbox"/> VAV Box	H59		
<input type="checkbox"/> Gas/Oil Burner <sup>1</sup>	H30	<input type="checkbox"/> Mixing Box	H60		
<input type="checkbox"/> Other	H61	<input type="checkbox"/> Other	H61		
<b>Total Items</b>					
				81236	
				Dept Use Only    Permit #    Property # 114000260	
				Permit Type    Cert. of Occupancy Requ'd Y/N date applied _____ Cost _____	
				H    Cert. of Completion Requ'd Y/N date applied 11/1/07 Cost 25	
				Building Type    Cert. of Subcontract Requ'd Y/N date applied _____ Cost _____	
				999    Plan Revis Check/M.O. Number _____ Plans Attached Y/N	
				Purpose Code    Permit Check/M.O. Number _____ Plans on File Y/N	
				8    TYPE (Enter "R" or "C" and enter # of units in 1st box (Below).	
				Status Code    Enter # residential units in 1st box and # commercial units in 2nd box)	
				Residential    Commercial	
				or Commercial    (If Mixed Use)	
				Date Issued	
				Existing Units	
				Unit Change (+/-)	
				Case # 8	
				Commissioner of Deeds <i>B. Lauria</i>	



Case # 8  
Permit # 81526  
Construction Class \_\_\_\_\_  
Property # 1140002605  
Fee \$ 25  
Check/M.O. # \_\_\_\_\_

**CERTIFICATE APPLICATION**

Property Address: 200 Hoefler  
(Please include street and zip code)  
Owner's Name Empire Housing Telephone # \_\_\_\_\_  
Name of Contact Person for Inspection Bob Galuski 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, Robert Galuski 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, of installation of the above referenced property.

Signature \_\_\_\_\_

**SUBSCRIBED AND SWORN TO ME**

Commissioner of Deeds B. Lamm Date 07-1-16  
**OWNER OF AUTHORIZED REPRESENTATIVE MUST BE PRESENT AT INSPECTION.**

**FOR OFFICE USE ONLY**

Floor	Type/ Occupancy	Use	Approved By	For				Signature
				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 MUST BE COMPLETED ON THE TCO BEFORE A CO WILL BE ISSUED**

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

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*Handwritten signature*

City of Syracuse  
 Matthew J. Driscoll, Mayor  
**PERMIT APPLICATION**  
**ELECTRICAL**

Date	Year <u>2019</u>	Month <u>9</u>	Day <u>23</u>
Job Address	Number and Street <u>200 Houfley Street, Syracuse, NY 13204</u>		
	Unit	Bldg.	Floor
Contractor	Name <u>ADT</u>	Phone # <u>473-7523</u>	Fax # <u>424-0766</u>
	Contractor #/License# <u>1200002557615587</u>	Class	Contact Person <u>Pete Bernard</u>
Owner	Name <u>Laura Stallworth</u>		
	Mailing Address		
Applicant (Own./Auth. Agent)	Name (Print) <u>Sam Bolus</u>	Telephone #	Signature of License Holder <u>Sam Bolus</u>
Work Information	Start Date <u>9/23/19</u>	Completion Date <u>9/23/19</u>	Cost of Construction <u>299-</u> Occupancy

ELECTRICAL OPERATION - ITEM		QTY	FEES	
<input type="checkbox"/>	Receptacle Outlet Opening(s) E01		Base Filing Fee Schedule	
<input type="checkbox"/>	Lighting Fixture Opening(s) E02		<input type="checkbox"/> Commercial: New Construction / Additions	UNIT COST \$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:	\$30. per unit
<input checked="" type="checkbox"/>	Service Panel(s) E05	1	New Construction / Additions	
<input checked="" type="checkbox"/>	Sub Panel(s) E06	1	<input type="checkbox"/> One Unit <input type="checkbox"/> Two Units	
<input type="checkbox"/>	Meter Socket(s) E07		<input checked="" type="checkbox"/> One & Two Family Dwellings:	\$25 per unit
<input type="checkbox"/>	Fire Alarm Initiating Device(s) E08		Renovations / Remodeling	
<input type="checkbox"/>	Fire Alarm Indicating Device(s) E09		<input checked="" type="checkbox"/> One Unit <input type="checkbox"/> Two Units	
<input checked="" type="checkbox"/>	Burglar Alarm Device(s) E10	3	<input type="checkbox"/> Multiple Dwelling: New Construction / Additions	\$25. per unit
<input type="checkbox"/>	Baseboard Heater(s) E11		Number of Units _____	
<input type="checkbox"/>	Water Heater(s) E12		<input type="checkbox"/> Multiple Dwelling: Renovations / Remodeling	\$25. per unit up to 3. \$5 ea. Add'l. Unit
<input type="checkbox"/>	Dryer(s) E13		Number of Units _____	
<input type="checkbox"/>	Lighted Exit Signs E14			
<input type="checkbox"/>	Emergency Light(s) E15	1	<input type="checkbox"/> Disconnect / Reconnect (Transfer) E96	\$25.
<input checked="" type="checkbox"/>	Transformer(s) E16		<input type="checkbox"/> Meter Set E97	
<input type="checkbox"/>	Motor(s) E17		Base Filing Fee From Schedule <u>25</u>	
<input type="checkbox"/>	Switchboard(s) E18		# of Dwelling Units _____ x Unit Cost _____	
<input type="checkbox"/>	GFI E19		Commercial Unit _____ x Unit Cost _____	
<input type="checkbox"/>	Horn E20		ELECTRICAL Item Qty. <u>7</u> x \$2.00 each	<u>14</u>
<input type="checkbox"/>	Strobe E21		Subtotal	<u>39</u>
<input type="checkbox"/>	Appl. Circuit E22		Plan Review Fee: \$25 base review fee plus .75/thousand for those projects with a construction cost greater than \$33,000	
<input checked="" type="checkbox"/>	Siren E23	1	Department Use Only	
<input type="checkbox"/>	Pool Circuit E24		Certificate Fee	
<input type="checkbox"/>	Wireless Control E25		<input checked="" type="checkbox"/> Completion <input type="checkbox"/> Occupancy <input type="checkbox"/> Subcontractor	\$25
<input type="checkbox"/>	Other E98		Notes:	
<input type="checkbox"/>	Other E98			
<input type="checkbox"/>	Other E98			
Total Items		7	1140002605	Total Permit Fee <u>64-</u>

Dept Use Only	Permit # <u>94792</u>	Property # <u>1</u>	Case # <u>10</u>	Plans Attached Y/N	Plans on File Y/N
Permit Type <u>5</u>	Agency	Date Sent	Approved Date	Cert. of Occupancy Requ'd. Y/N date applied	Cost _____
Building Type <u>FIRE</u>	SOPCA			Cert. of Completion Requ'd. Y/N date applied <u>11/12</u>	Cost <u>25</u>
999	DPW			Cert. of Subcontract Requ'd. Y/N date applied	Cost _____
Date Issued <u>09/11/2</u>	ENG			Plan Review	Check / M.O. _____
Purpose Code <u>8</u>	PRES			Permit <u>[Signature]</u>	Check / M.O. _____
Status Code <u>256</u>	HEALTH			TYPE _____	(Enter "R" or "C" and enter # of units in 1st box (Below).
	DOCE			Enter # of residential units in 1st box and # of commercial units in 2nd box	
	HVAC/R			Residential _____	Commercial _____
	SPKLR.			or Commercial _____	(If Mixed Use)
Additional Permits Requ'd	HVAC/R Y/N	ELECTRICAL Y/N	Sprinkler Y/N	Existing Units _____	Unit Change (+/-) _____
	Water Service Y/N	Elevator Y/N	Plumbing Y/N	Commissioner of Deeds <u>[Signature]</u>	

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

200 Houder Street, Syracuse, NY 13004

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.

Pete Bernard (AET)

ELECTRICAL INSTALLER'S SIGNATURE

9/23/09

DATE SIGNED

3/2002 Printed by the Syracuse City School Print Services



Case # 10  
Permit # 94792  
Construction Class \_\_\_\_\_  
Property # 1140002605  
Fee \$ 25  
Check/M.O. # \_\_\_\_\_

**CERTIFICATE APPLICATION**

Property Address: 200 Houffler Street, Syracuse, NY 13204  
(Please include street and zip code)  
Owner's Name Laura Stallworth Telephone # \_\_\_\_\_  
Name of Contact Person for Inspection Pete Bernard Telephone # 315-473-7598

**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, Saleen Bolus 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 Saleen Bolus

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, of installation of the above referenced property.

Signature \_\_\_\_\_

**SUBSCRIBED AND SWORN TO ME**

Commissioner of Deeds

[Signature]

Date

11/12/09

**OWNER OF AUTHORIZED REPRESENTATIVE MUST BE PRESENT AT INSPECTION.**

**FOR OFFICE USE ONLY**

**OCCUPANCY BY FLOOR APPROVALS**

Floor	Type/ Occupancy	Use	Approved By	For				Signature
				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 MUST BE COMPLETED ON THE TCO BEFORE A CO WILL BE ISSUED**

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*[Handwritten initials]*

City of Syracuse  
Matthew J. Driscoll, Mayor

**PERMIT APPLICATION  
ELECTRICAL**

Date	Year <u>06</u>	Month <u>12</u>	Day <u>20</u>
Job Address	Number and Street <u>200 Hoopler St.</u>		
	Unit	Bldg.	Floor
Contractor	Name <u>Marshfield's</u>	Phone # <u>683-5199</u>	Fax #
	Contractor #/License# <u>1039</u>	Class	Contact Person <u>Bill Marshfield</u>
Owner	Name <u>Empire Housing</u>		
	Mailing Address		
Applicant (Own/Auth. Agent)	Name (Print) <u>Marshfield's</u>	Telephone #	Signature of License Holder <u>[Signature]</u>
Work Information	Start Date <u>06/12/20</u>	Completion Date <u>2/15/07</u>	Cost of Construction <u>800</u> Occupancy

ELECTRICAL OPERATION - ITEM	QTY	FEES	
<input type="checkbox"/> Receptacle Outlet Opening(s) E01	<u>7</u>	<b>Base Filing Fee Schedule</b>	
<input type="checkbox"/> Lighting Fixture Opening(s) E02		<input type="checkbox"/> Commercial: New Construction / Additions	UNIT COST \$60.00
<input type="checkbox"/> Switch Opening(s) E03	<u>5</u>	<input type="checkbox"/> Commercial: Renovation / Remodeling	\$40.00
<input type="checkbox"/> Disconnecting Means E04		<input type="checkbox"/> One & Two Family Dwellings:	\$30. per unit
<input type="checkbox"/> Service Panel(s) E05		New Construction / Additions	
<input type="checkbox"/> Sub Panel(s) E06		<input type="checkbox"/> One Unit <input type="checkbox"/> Two Units	
<input type="checkbox"/> Meter Socket(s) E07		<input type="checkbox"/> One & Two Family Dwellings:	\$25. per unit
<input type="checkbox"/> Fire Alarm Initiating Device(s) E08		Renovations / Remodeling	
<input type="checkbox"/> Fire Alarm Indicating Device(s) E09		<input type="checkbox"/> One Unit <input type="checkbox"/> Two Units	
<input type="checkbox"/> Burglar Alarm Device(s) E10		<input type="checkbox"/> Multiple Dwelling: New Construction / Additions	\$25. per unit
<input type="checkbox"/> Baseboard Heater(s) E11		Number of Units _____	
<input type="checkbox"/> Water Heater(s) E12		<input type="checkbox"/> Multiple Dwelling: Renovations / Remodeling	\$25. per unit up to 3. \$5 ea. Add'l. Unit
<input type="checkbox"/> Dryer(s) E13		Number of Units _____	
<input type="checkbox"/> Lighted Exit Signs E14		<input type="checkbox"/> Disconnect / Reconnect (Transfer) E96	\$25.
<input type="checkbox"/> Emergency Light(s) E15		<input type="checkbox"/> Meter Set E97	
<input type="checkbox"/> Transformer(s) E16		<b>Base Filing Fee From Schedule</b>	
<input type="checkbox"/> Motor(s) E17		# of Dwelling Units <u>1</u> x Unit Cost <u>25</u>	<u>25.00</u>
<input type="checkbox"/> Switchboard(s) E18		Commercial Unit _____ x Unit Cost _____	
<input type="checkbox"/> GFI E19	<u>1</u>	ELECTRICAL Item Qty. <u>13</u> x \$2.00 each	<u>26.00</u>
<input type="checkbox"/> Horn E20		Subtotal	
<input type="checkbox"/> Strobe E21		Plan Review Fee: \$25 base review fee plus .75/thousand for those projects with a construction cost greater than \$33,000	
<input type="checkbox"/> Appl. Circuit E22		Department Use Only	<u>\$25.</u>
<input type="checkbox"/> Siren E23		Certificate Fee	
<input type="checkbox"/> Pool Circuit E24		<input checked="" type="checkbox"/> Completion <input type="checkbox"/> Occupancy <input type="checkbox"/> Subcontractor	
<input type="checkbox"/> Wireless Control E25		Notes:	
<input type="checkbox"/> Other E98			
<input type="checkbox"/> Other E98			
<input type="checkbox"/> Other E98			
<b>Total Items</b>	<u>13</u>	<b>Total Permit Fee</b>	<u>76.00</u>

Dept Use Only	Permit # <u>81170</u>	Property # <u>A</u>	Case # <u>8</u>	Plans Attached Y/N	Plans on File Y/N
Permit Type <u>E</u>	Agency	Date Sent	Approved Date	Cert. of Occupancy Requ'd. Y/N date applied	Cost
Building Type <u>FIRE</u>	SOPCA			Cert. of Completion Requ'd. <u>Y</u> date applied <u>1/9</u>	Cost <u>25</u>
999	DPW			Cert. of Subcontract Requ'd. Y/N date applied	Cost
Date Issued <u>07/01/09</u>	ENG			Plan Review	Check / M.O. Number
Purpose Code <u>8</u>	PRES			Permit	Check / M.O. Number
Status Code <u>263</u>	HEALTH			TYPE <u>R</u> (Enter "R" or "C" and enter # of units in 1st box (Below).	
	DOCE			Enter # of residential units in 1st box and # of commercial units in 2nd box	
	HVAC/R			Residential or Commercial	Commercial (If Mixed Use)
	SPKLR.			Existing Units <u>1</u>	
Additional Permits Requ'd	HVAC/R Y/N	ELECTRICAL Y/N	Sprinkler Y/N	Unit Change (+/-)	
	Water Service Y/N	Elevator Y/N	Plumbing Y/N	Commissioner of Deeds <u>[Signature]</u>	



Case # 18  
Permit # SH75  
Construction Class \_\_\_\_\_  
Property # 11 4000 2605  
Fee \$ 35.00  
Check/MOC # [REDACTED]

**CERTIFICATE APPLICATION**

Property Address: 200 Hoefler St.  
(Please include street and zip code)  
Owner's Name Empire Housing Development Co. Telephone # \_\_\_\_\_  
Name of Contact Person for Inspection Mansfield Telephone # 623-5199

**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, Walter Huff 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 Walter Huff

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, of installation of the above referenced property.

Signature \_\_\_\_\_

**SUBSCRIBED AND SWORN TO ME**

Commissioner of Deeds Hilary Rath Date 12/20/06  
**OWNER OF AUTHORIZED REPRESENTATIVE MUST BE PRESENT AT INSPECTION.**

**FOR OFFICE USE ONLY**

Floor	Type/ Occupancy	Use	Approved By	For				Signature
				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 MUST BE COMPLETED ON THE TCO BEFORE A CO WILL BE ISSUED**

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188  
Case 2



City of Syracuse  
Roy A. Bernardi, Mayor

BA

**PERMIT APPLICATION  
ELECTRICAL**

Date	Year <u>99</u>	Month <u>6</u>	Day <u>25</u>
Job Address	Number & Street <u>200 Huefner St. Syracuse</u>		
	Unit	Bldg.	Floor
Contractor	Name <u>SOB</u>	Phone # <u>424-0210</u>	Fax #
	Contractor #/License # <u>12000016381</u>	Class	Contact Person <u>Scott</u>
Owner	Name <u>Sally Dennis</u>		
	Mailing Address		
Applicant (Own./Auth. Agent)	Name (Print) <u>Tom Smolinski</u>	Telephone #	Signature of License Holder <u>[Signature]</u>
Work Information	Start Date <u>6/25</u>	Completion Date <u>6/25</u>	Cost of Construction <u>0</u> Occupancy

ELECTRICAL OPERATION - ITEM	QTY	FEES	
<input type="checkbox"/> Receptacle Outlet Opening(s) E01		<b>Base Filing Fee Schedule</b>	<b>Unit Cost</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 checked="" type="checkbox"/> One & Two Family Dwellings:	\$30. per unit
<input type="checkbox"/> Service Panel(s) E05		New Construction/Additions	
<input type="checkbox"/> Sub Panel(s) E06		<input checked="" type="checkbox"/> One Unit <input type="checkbox"/> Two Units	
<input type="checkbox"/> Meter Socket(s) E07		<input type="checkbox"/> One & Two Family Dwellings:	\$25. per unit
<input type="checkbox"/> Fire Alarm Initiating Device(s) E08		Renovations/Remodeling	
<input type="checkbox"/> Fire Alarm Indicating Device(s) E09		<input type="checkbox"/> One Unit <input type="checkbox"/> Two Units	
<input type="checkbox"/> Burglar Alarm Device(s) E10		<input type="checkbox"/> Multiple Dwellings: New Construction/Additions	\$25. per unit
<input type="checkbox"/> Baseboard Heater(s) E11		Number of Units _____	
<input type="checkbox"/> Water Heater(s) E12		<input type="checkbox"/> Multiple Dwellings: Renovations/Remodeling	\$25. per unit
<input type="checkbox"/> Dryer(s) E13		Number of Units _____	up to 3. \$5 ea.
<input type="checkbox"/> Lighted Exit Signs E14		<input type="checkbox"/> Disconnect/Reconnect (Transfer) E96	\$25.00
<input type="checkbox"/> Emergency Light(s) E15		<input type="checkbox"/> Meter Set E97	
<input type="checkbox"/> Transformer(s) E16		<b>Base Filing Fee From Schedule</b>	
<input type="checkbox"/> Motor(s) E17		# of Dwelling Units <u>1</u> x Unit Cost <u>25</u>	<u>25</u>
<input type="checkbox"/> Switchboard(s) E18		Commercial Unit _____ x Unit Cost _____	
<input type="checkbox"/> GFI E19		ELECTRICAL Item Qty. <u>1</u> X \$2.00 each	<u>2</u>
<input type="checkbox"/> Horn E20		<b>Subtotal</b>	<u>27.00</u>
<input type="checkbox"/> Strobe E21		Plan Review Fee: \$25 base review fee plus .75/thousand	
<input type="checkbox"/> Appl. Circuit E22		for those projects with a construction cost greater than 33,000	
<input type="checkbox"/> Siren E23		<b>Department Use Only</b>	\$25.00
<input type="checkbox"/> Pool Circuit E24		<b>Certificate Fee</b>	
<input checked="" type="checkbox"/> Wireless Control E25	<u>1</u>	<input checked="" type="checkbox"/> Completion <input type="checkbox"/> Occupancy <input type="checkbox"/> Subcontractor	
<input type="checkbox"/> Other E98		Notes:	
<input type="checkbox"/> Other E98			
<input type="checkbox"/> Other E99			
<b>Total Items</b>		<b>Total Permit Fee</b>	<u>\$200</u>

Dept Use Only	Permit # <u>40370</u>	Property # <u>1140002605</u>	Case # <u>NIC2</u>	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
<u>2</u>	SOPCA			Cert. of Completion Requ'd Y/N date applied	<u>7/20</u> Cost <u>25</u>
Building Type	FIRE			Cert. of Subcontract Requ'd Y/N date applied	Cost
<u>999</u>	DPW			Plan Review	Check/M.O. Number
Date Issued	ENG			Permit	Check/M.O. Number
<u>99-120</u>	PRES			TYPE <u>R</u> (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)	
<u>8</u>	DOCE			Residential	Commercial
Status Code	HVAC/R			or Commercial	(If Mixed Use)
<u>256</u>	SPKLR.			Existing Units	<u>1</u>
Additional Permits Requ'd	HVAC/R Y/N	Electrical Y/N	Sprinkler Y/N	Unit Change (+/-)	
	Water Service Y/N	Elevator Y/N	Plumbing Y/N	Commissioner of Deeds	<u>B. Hansen</u>

Permits and Certificates • Division of Code Enforcement  
201 E. Washington St., Rm. 101 • Syracuse, NY 13202-1430  
(315) 448-8600





Case # 2  
Permit # 40370  
Construction Class \_\_\_\_\_  
Property # 114000260  
Fee \$ 25  
Check/M.O. # \_\_\_\_\_

**CERTIFICATE APPLICATION**

Property Address: 200 Huefner St, Syr.  
(Please include street address and zip code)  
Owners Name Sally Dennis Telephone # \_\_\_\_\_  
Name of Contact Person for Inspection SOS 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, Tom Smolinski 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 Tom Smolinski

- 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 B. Harris Date 9-7-20

**OWNER OR AUTHORIZED REPRESENTATIVE MUST BE PRESENT AT INSPECTION.**

OCCUPANCY BY FLOOR			FOR OFFICE USE ONLY				APPROVALS			
Floor	Type Occupancy	Use	Approved By	For				Signature		
				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

200 Houder St. Syr.

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.



ELECTRICAL INSTALLER'S SIGNATURE

7/14/99  
DATE SIGNED

JEP/NOV1596

Printed by the City of Syracuse Office of Community Services - Print Services

DHNR CASE STATUS REPORT

ADDRESS	PERSON TO CALL	PHONE	REASON	EXAM CODE/EC CODE	FIRE	PLUMB
200 HOEFLER ST	00002 SCOTT D'ALBA	[REDACTED]	J40370			

PERMIT

	PERMIT	CODE	DATE	REMARK/DESCR
1		001	99/07/20	INITIAL RECORD ENTRY - CODES SYSTEM
2	40370	256	99/07/20	PERMIT ISSUED ELECTRICAL/SECURITY
3	40370	017	99/07/20	APPLICATION FOR CERTIFICATE OF COMPLETION MADE
4	40370	972	99/07/20	CERTIFICATION OF SECURITY/BURGLAR ALARM INSTALLATION RECEIVED FROM ELECTRICIAN
5		988	99/07/23	INSPECTED BY 188 (PETER FRAGOLA)
6		366	99/07/23	NO ON SITE INSPECTION MADE (PROCESSED IN HOUSE)
7		988	99/08/06	INSPECTED BY 188 (PETER FRAGOLA)
8		366	99/08/06	NO ON SITE INSPECTION MADE (PROCESSED IN HOUSE)
9	40370	280	99/08/06	PERMIT FINALED ELECTRICAL / SECURITY
10	40370	971	99/08/06	COMPLETION OF SECURITY SYSTEM LETTER SENT
11		053	99/08/06	CASE CLOSED

ADDRESS: 200 HOEFLER ST CASE: 2 FULL ADDRESS: 200 HOEFLER STREET PERSON TO MEET: SCOTT WALBA PHONE: [REDACTED] REASON: J40370 \* EXAMINER: 188:PETER FRAGOLA \* ELECTRIC: [REDACTED]

AKA: \* APPOINTMENT DATE: 99/06/06 TIME: EXAM TYPE: EXAM & ELECT CASE OPENED: 99/07/20

*Ricky J. Salley Dennis*

\*\*\*\*\* STRUCTURE INFORMATION \*\*\*\*\*

OWNER INFORMATION	PHONE	AGENT INFORMATION	PHONE	ADDITIONAL ADDRESS
<del>KENNETH F. &amp; HARRIET D. BELBANK</del>				
200 HOEFLER ST	WN:		0000	
SYRACUSE, NY 13204	BN:			
FAX:	CELL:			

LAST CO: 0/00/00 LAST CS: 0/00/00 LAST CC: 0/00/00 LAST CA: SPRINKER CERT? 0/00/00 SMOKE CERT? 0/00/00 MRL? ELEVATOR CERT? 0/00/00 PARK GAR? 0/00/00

APTS	ROOMS	COMM	OTHER	DOWN	VAC	DVDATE	FAMCODE	STORYS	BSMT	ATTIC	AUXIL B	POWER	PROPERTY NO	OCCUPANCY CODE	AND DESCRIPTION:
1				N	H	0/00/00	210	02	N	N	0		1140002605	G29	ONE-FAMILY HOUSES

CONSTRUC. CODE AND DESCRIPTION: 99 \*\* INVALID CODE FAMILY CODE: 210 1 FAM YR-ROUND RES OCC CHANGE: AUXILIARY BUILD? NONE

ZONING CODES: RESERVED FOR FUTURE USE RESERVED FOR FUTURE USE RESERVED FOR FUTURE USE

RESERVED FOR FUTURE USE  
RESERVED FOR FUTURE USE

PERSONAL CONTACT ATTEMPTS (THREE)

- I MADE A PERSONAL CONTACT ATTEMPT ON THE \_\_\_ DAY OF \_\_\_\_\_ 19\_\_ BY THE FOLLOWING MEANS:  
 I SENT A "REQUEST FOR INSPECTION" CARD;  
 I MADE PERSONAL CONTACT.
- I MADE A PERSONAL CONTACT ATTEMPT BY MEANS OF A TELEPHONE CALL ON THE \_\_\_ DAY OF \_\_\_\_\_, 19\_\_ AT THE FOLLOWING NUMBER \_\_\_\_\_  
 I MADE A TELEPHONE CALL;  
 I LEFT A MESSAGE ON A MACHINE OR WITH A PERSON;  
 I CALLED BUT WAS UNABLE TO REACH MACHINE OR PERSON.  
 I MADE PERSONAL CONTACT.
- I MADE A PERSONAL CONTACT ATTEMPT ON THE \_\_\_ DAY OF \_\_\_\_\_ 19\_\_ BY THE FOLLOWING MEANS:  
 I LEFT A DOOR HANGER;  
 I MADE PERSONAL CONTACT.

INSPECTOR: 108 INSPECTION DATE: 99/08/06 SIGNATURE: [Signature]

NEXT INSPECTION DATE: \_\_\_\_\_ W/P REQUEST 053/411

CIR224  
8/05/99

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

\*\*\*\*\* VIOLATIONS \*\*\*\*\*

KEY:\*\*\* 1 THIS IS A REMARK THAT IS USUALLY PERMIT RELATED.

SER #	DATE	REMARK/DESCR
1	E0000 99/07/20	SECURITY PERMIT

PERMIT	BEGUN	COMPL
REQD. 40370	-----	99/08/06
UNIT:		

\* PERMIT ITEMS: 1 WIRELESS CONTROL

I, \_\_\_\_\_, ADMIT THAT I AM THE PERSON RESPONSIBLE FOR THE MAINTENANCE OF THE PROPERTY DESCRIBED ABOVE. IN CONSIDERATION OF THE CITY GIVING ME AN EXTENSION OF TIME TO RESOLVE THIS SITUATION, I AM SIGNING THIS WRITTEN AGREEMENT TO CORRECT ALL CODE VIOLATIONS BY \_\_\_\_\_. THE CITY HEREBY GRANTS THIS EXTENSION.

OWNER \_\_\_\_\_

INSPECTOR \_\_\_\_\_

APPROVED BY \_\_\_\_\_



Case # 2  
Permit # 40370  
Construction Class \_\_\_\_\_  
Property # 1140002605  
Fee \$ 25  
Check/M.O. # \_\_\_\_\_

**CERTIFICATE APPLICATION**

Property Address: 200 Huefner St, Syr.  
(Please include street address and zip code)  
Owners Name Sally Dennis Telephone # \_\_\_\_\_  
Name of Contact Person for Inspection SOS 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, Tom Smolinski 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 Tom Smolinski

- 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 B. Harris Date 9-7-20

**OWNER OR AUTHORIZED REPRESENTATIVE MUST BE PRESENT AT INSPECTION.**

**FOR OFFICE USE ONLY**

OCCUPANCY BY FLOOR			APPROVALS				Signature
Floor	Type Occupancy	Use	For				
			TCO	CO	CS	CI	
B/C							
1							<u>P. Froeh</u>
2							
3							
4							
5							
6							

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

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

Vito Sciacioli  
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

RICKY & SALLY DENIS  
200 HOEFLER ST  
SYRACUSE NY 13204

Re: 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 COMPLIANCE WITH ALL APPLICABLE CODES RULES OR REGULATIONS RELEVANT TO THIS PERMITTED CONSTRUCTION OR WORK.

*[Signature]* 9908/10  
INSPECTOR DATE

*[Signature]* 9908/10  
ASST. DIRECTOR DATE

PERMIT: 40370 PROPERTY: 1140002605