

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 & DOORWAY	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		\$2500-

HEATING, A.C. & REFRIGERATION - ITEM				FEES	
ITEM	Qty.	ITEM	Qty.	Base Filing Fee Schedule	Unit Cost
<input type="checkbox"/> Furnace ¹	H01 2	<input type="checkbox"/> Sup/Ret/Exh/Opn	H31	<input type="checkbox"/> Commercial: New Construction/Additions	\$60.00
<input type="checkbox"/> Boiler ¹	H02	<input type="checkbox"/> 6" BBD/Rad.	H32	<input type="checkbox"/> Commercial: Renovation/Remodeling	\$40.00
<input type="checkbox"/> Heat Pump ²	H03	<input type="checkbox"/> H. W/ STM /Coil ¹	H33	<input type="checkbox"/> One & Two Family Dwellings:	\$30. per unit
<input type="checkbox"/> Air Conditioner ²	H04	<input type="checkbox"/> H. W/ STM/ Rad.	H34	New Construction/Additions	
<input type="checkbox"/> Htg/AC Rooftop ^{1,2}	H05	<input type="checkbox"/> Convactor	H35	<input type="checkbox"/> One Unit <input type="checkbox"/> Two Units	
<input type="checkbox"/> Fan/Coil Unit ^{1,2}	H06	<input type="checkbox"/> Fan/Blower ³	H36	<input type="checkbox"/> One & Two Family Dwellings:	\$25. per unit
<input type="checkbox"/> Air Handling Unit ³	H07	<input type="checkbox"/> Pump/Motor ⁴	H37	Renovations/Remodeling	25.00
<input type="checkbox"/> Make Up Air Unit ³	H08	<input type="checkbox"/> Chimney/Liner	H38	<input checked="" type="checkbox"/> One Unit <input type="checkbox"/> Two Units	
<input type="checkbox"/> Incremental Unit ^{1,2}	H09	<input type="checkbox"/> Draft Inducer	H39	<input type="checkbox"/> Multiple Dwellings: New Construction/Additions	\$25. per unit
<input type="checkbox"/> Condensing Unit ²	H10	<input type="checkbox"/> Cond. Receiver	H40	Number of Units _____	
<input type="checkbox"/> Condense ²	H11	<input type="checkbox"/> Chem. Feeder	H41	<input type="checkbox"/> Multiple Dwellings: Renovations/Remodeling	\$25./unit up to 3
<input type="checkbox"/> Evaporator Coil ²	H12	<input type="checkbox"/> Expansion Tank ⁸	H42	Number of Units _____	\$5 ea. Add'l Unit
<input type="checkbox"/> Evaporative Cooler ²	H13	<input type="checkbox"/> Humidifier	H43	Notes:	
<input type="checkbox"/> Cooling Tower ²	H14	<input type="checkbox"/> Dehumidifier	H44	Base Filing Fee From Schedule	
<input type="checkbox"/> Chiller ²	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 ²	H17	<input type="checkbox"/> Incinerator	H47	HVAC/REF. Item Qty. 2 X \$6.00 each	12.00
<input type="checkbox"/> Walk-in Freezer ²	H18	<input type="checkbox"/> Gas Outl. Com. ⁵	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 ²	H19	<input type="checkbox"/> Kit./Shop Hood	H49	SUBTOTAL	
<input type="checkbox"/> Compressor ^{2,9}	H20	<input type="checkbox"/> Motorized Dmp.	H50	DEPARTMENT USE ONLY	\$25.00
<input type="checkbox"/> Heat Exchanger ¹	H21	<input type="checkbox"/> Fire Dampers	H51	Certificate Fee	25.00
<input type="checkbox"/> Unit Heater ¹	H22	<input type="checkbox"/> Fuel Tank-Inst. ⁶	H52	<input type="checkbox"/> Completion <input type="checkbox"/> Occupancy <input type="checkbox"/> Subcontractor	
<input type="checkbox"/> Duct Heater ¹	H23	<input type="checkbox"/> Fuel Tank-Rem. ⁷	H53	Total Permit Fee	62.00
<input type="checkbox"/> Space Heater ¹	H24	<input type="checkbox"/> Temp.Ctrl.Panel	H54		
<input type="checkbox"/> Cabinet Heater ¹	H25	<input type="checkbox"/> T/stat/Sensor	H55		
<input type="checkbox"/> Radiant Heater ¹	H26	<input type="checkbox"/> Temp.Ctrl.Vaive	H56		
<input type="checkbox"/> Electric Heater ¹	H27	<input type="checkbox"/> Flue Damper	H57		
<input type="checkbox"/> Infra Red Heater ¹	H28	<input type="checkbox"/> Generator	H58		
<input type="checkbox"/> Heat Reclaimer ¹	H29	<input type="checkbox"/> VAV Box	H59		
<input type="checkbox"/> Gas/Oil Burner ¹	H30	<input type="checkbox"/> Mixing Box	H60		
<input type="checkbox"/> Other	H61	<input type="checkbox"/> Other	H61		
Total Items					
				81236	
Footnotes				Dept Use Only Permit # Property # 114000260	
Footnotes	Qty.	Footnotes	Qty.	Permit Type H	
¹ Each 50 MBH =	1	⁶ Each 250 Gal. =	1	Cert. of Occupancy Requ'd Y/N date applied _____ Cost _____	
² Each 2 Tons Cooling =	1	⁷ Each 1,000 Gal. =	1	Cert. of Completion Requ'd Y/N date applied 11/1/07 Cost 25	
³ Each 2,000 CFM =	1	⁸ Each 15 Gal. =	1	Cert. of Subcontract Requ'd Y/N date applied _____ Cost _____	
⁴ Each HP =	1	⁹ Each HP Air =	1	Plan Revis Check/M.O. Number _____ Plans Attached Y/N	
⁵ Each Outlet =	1			Permit Check/M.O. Number _____ Plans on File Y/N	
				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 11/1/07	
				Existing Units _____	
				Unit Change (+/-) _____	
				Case # 8	
				Commissioner of Deeds B. Harrison	

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



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

