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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>9/23/09</u>	Completion Date <u>9/23/09</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		<u>7</u>	<u>1140002605</u>	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. Numb
Purpose Code <u>8</u>	PRES			Permit	Check / M.O. Numb
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 or Commercial	Commercial (If Mixed Use)
	SPKLR.			Existing Units	
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>Roseanne Baker</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 1304

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 (APT)

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

