

165



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



Case # 18  
Permit # 8175  
Construction Class \_\_\_\_\_  
Property # 11 4000 2605  
Fee \$ 25.00  
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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