

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	FEE	UNIT COST
<input type="checkbox"/> Receptacle Outlet Opening(s) E01		<b>Base Filing Fee Schedule</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>114002605</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>95-1-20</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

DNR 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

*Rocky 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: 1 ROOMS: 1 COMM: 0 OTHER: 0 DOWN: 0 VAC: 0 DIV: 0 DATE: 0/00/00 FAN: 0 CODE: 02 STORIES: 02 BSMT: 0 ATTIC: 0 AUXIL: 0 POWER: 0 PROPERTY NO: 1140002605 OCCUPANCY CODE: G29 DESCRIPTION: 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

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	_____	<u>99/08/06</u>
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 \_\_\_\_\_



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Construction Class \_\_\_\_\_  
Property # 1140002605  
Fee \$ 25  
Check/M.O. # \_\_\_\_\_

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Commissioner of Deeds B. Harris Date 9-7-20

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**FOR OFFICE USE ONLY**

OCCUPANCY BY FLOOR			APPROVALS				Signature	
Floor	Type Occupancy	Use	Approved By	TCO	CO	CS		CI
B/C			PLBG. INSPR.					<u>P. Froeh</u>
1			ELEC. INSPR.					
2			FIRE PREV.					
3			ZONING					
4			BLDG. EXAMINER					
5			HVAC INSPR.					
6			ELEV. INSPR.					
			FIRE SUPP. INSPR.					

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

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