

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 HOUSE</u>		
	Mailing Address		
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	
<u>200</u>	DPW			Plan Review	Check / M.O. Number <u>[Redacted]</u>
Date Issued	ENG			Permit	Check / M.O. Number <u>[Redacted]</u>
<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	<u>[Redacted]</u>
<u>5</u>	DOCE			Existing Units	<u>1</u>
Status Code	HVAC/R			Unit Change (+/-)	<u>[Redacted]</u>
<u>200</u>	SPKLR			Commissioner of Deeds	<u>[Redacted]</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				

# 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

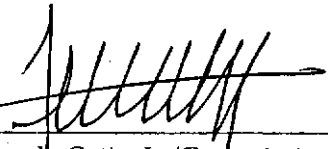
*If so, in accordance with Part C Section VII of the Zoning Ordinance, Preservation Board Approval is also required for issuance of a permit for all exterior and/or site work. Contact Fernando Ortiz, Jr., Commissioner, Department of Community Development, 6<sup>th</sup> floor, City Hall Commons, 201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

---

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

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