

Dear Requester,

The Freedom of Information records request that you submitted to the City of Syracuse as referenced above has been partially filled.

- The permits associated with this property are enclosed.
- Redactions have been applied to protect personal information and privacy under NYS POL §87(2)(b).
- There are no existing codes violations or certificates associated with this property.

Please click on the [Request Number: FOILReference2024-1406](#) to download the response documentation. You have the right to appeal any part of this response in writing within thirty (30) days to:

Office of the Mayor
Mayor Ben Walsh
233 E. Washington Street
Syracuse, NY 13202

If you have any questions, or require further information, please do not hesitate to contact me.

Sincerely,

Office of the Corporation Counsel
233 E. Washington St.
Syracuse, NY 13202
315-448-8400
[FOIL@syr.gov.net](mailto:FOIL@syr.gov)

Request #FOILReference2024-1406

a. I read the Description in the "Request Details" section on the right. This request is only seeking "

Details

Submitted
Sat, Jul 20, 2024

Status
Completed

Requested Documents

File	arrow_upward	arrow_upwardDescription	arrow_upwardSize
Sidewalk.pdf		releasable	330.48 KB
HVAC-Redacted.pdf		Redacted copy of HVAC.pdf	278.85 KB
Building_117-Redacted.pdf		Redacted copy of Building 117.pdf	847.81 KB
Elevator_117-Redacted.pdf		Redacted copy of Elevator 117.pdf	383.57 KB
Roof_permit-Redacted.pdf		Redacted copy of Roof permit.pdf	281.41 KB

For Inspections
Call 448-8695



Does this work, or any part of this project, involve any City, State or Federal approvals, funding or permits?

Yes No

04225865 11/17/04

City of Syracuse
Matthew J. Driscoll, Mayor

**PERMIT APPLICATION
GENERAL CONTRACTING AND ELEVATOR WORK**

Date	Year <u>05</u>	Month <u>11</u>	Day <u>21</u>
Job Address	Number & Street <u>117 BERWAL AVE</u>		
	Unit	Bldg.	Floor
Contractor	Name <u>PYRAMID RAMPS, INC</u>	Phone	Fax #
	Contractor #/License# <u>6480</u>	Class	Contact Person
Owner	Name <u>Delee</u>	Mailing Address	
Applicant (Own./Auth. Agent)	Name (Print) <u>John Wertz</u>	Signature <u>John Wertz</u>	
Work Information	Start Date <u>11/22</u>	Completion Date <u>12/17/05</u>	Cost of Construction <u>5387</u> Occupancy <u>P-3</u>

DESCRIPTION OF WORK	FEES	
<u>CONSTR 45' ALUM-A-RAMP OFF EXISTING REAR DECK IN REAR YARD AS APPROVED BY ZONING 2/16/05</u>	Base Filing Fee Schedule	Unit Cost
	<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
PERMIT FEE COST	<input type="checkbox"/> Multiple Dwelling: New Construction / Additions Number of Units	\$25.00 per unit
GENERAL CONSTRUCTION	<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		
ELEVATOR WORK	<input type="checkbox"/> Elevator (1 & 2 Family Dwellings are Exempt)	\$100.00
\$10.00 Per Thousand of Construction Cost		
	BASE FILING FEE FROM SCHEDULE	
PLAN REVIEW FEE FOR ELEVATORS	# of Dwelling Units x Unit Cost	<u>25</u>
Construction Cost of Less Than \$91,000. shall be \$68.	Commercial Unit x Unit Cost	
Construction Cost of Greater Than \$91,000. shall be \$75 Per Thousand or Fraction Thereof.	Permit Fee Cost	<u>6x15</u>
	Subtotal	<u>900</u> <u>115</u>
	Plan review Fee: \$25 base review fee plus .75/thousand for those projects with a construction cost greater than 33,000.	
	DEPARTMENT USE ONLY Certificate Fee	\$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.	
	Total Permit Fee	<u>115</u>

Dept Use Only	Permit # <u>74311</u>	Property # <u>190510910</u>	Case # <u>9</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>M</u>	<u>SOCPA</u>		<u>11-2-16</u>	<u>11/21</u>	
Building Type	FIRE			Cert. of Completion Requ'd Y/N date applied	Cost
<u>999</u>	DPW			<u>11/21</u>	
Date Issued	ENG			Cert. of Subcontract Requ'd Y/N date applied	Cost
<u>11/21</u>	PRES				
Purpose Code	HEALTH			Plan Review	Check / M.O. Number
<u>8</u>	DOCE			Permit	Check / M.O. Number
Status Code	HVAC/R			TYPE <u>R</u> (Enter "R" or "C" and enter # of units in 1st box (Below)	
<u>260</u>	SPKLR			Enter # of residential units in 1st box and # of commercial units in 2nd box	
Additional Permits Required	HVAC/R Y/N Electrical Y/N Sprinkler Y/N	Residential / Commercial (If Mixed Use)			
	Water Service Y/N Elevator Y/N Plumbing Y/N	Existing Units			
		Unit Change (+/-)			
		Commissioner of Deeds			

PYRAMID RAMPS INC.

"Inclined to be better."

A FULL SERVICE RAMP MANUFACTURER OFFERING:

SALES, SERVICE, RECONDITIONING, INSTALLATION, DISASSEMBLY AND RELOCATION

270 GENESEE ST. UTICA, NY 13502

PHONE: 315-735-5007 / FAX: 315-724-7284

FAX COVER PAGE

TO: City Hall Commons

FAX NO: 448 8615

ATTN: MR. BELL

NO. OF PAGES: 1 of 2
(INCLUDING COVER PAGE)

COMMENTS: AS PER CONVERSATION

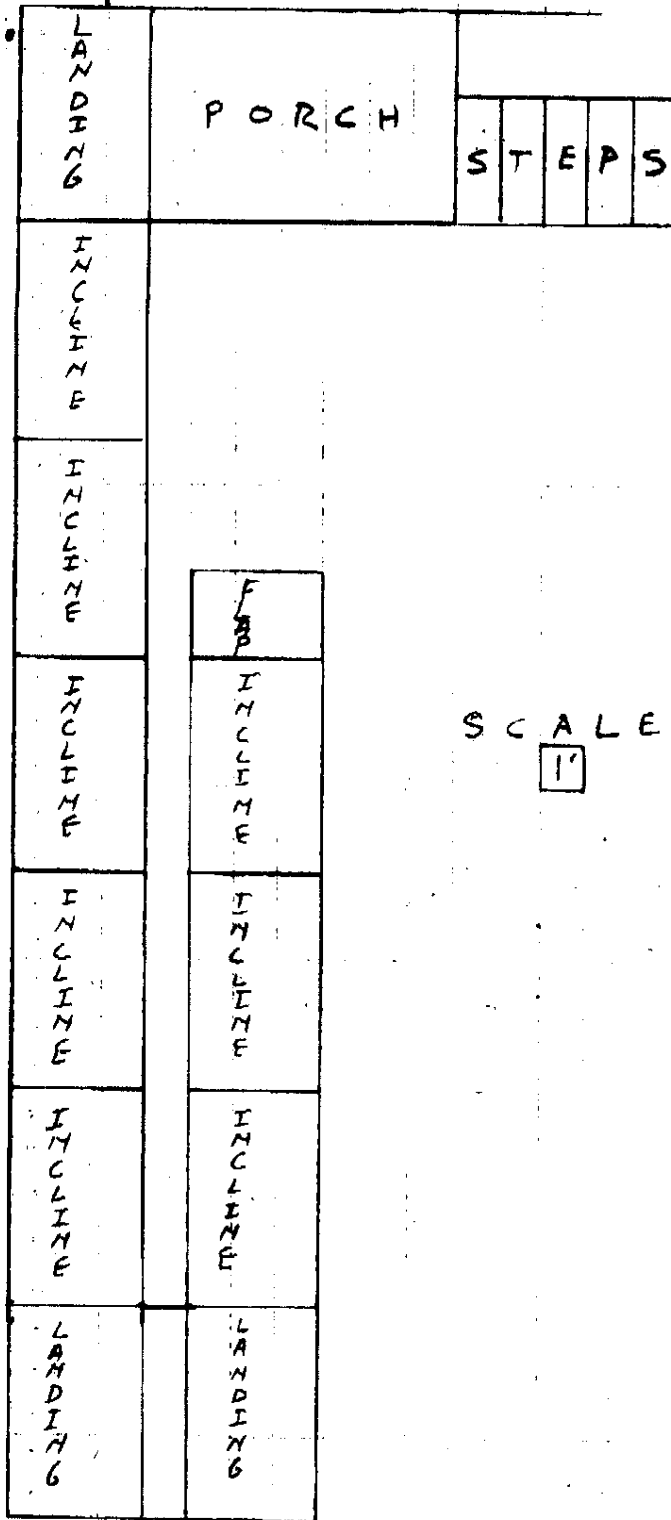
with MR. LADD : any questions

call me at 

SENDER: JOHN WENTZ

HOUSE

PROPERTY FENCE



SCALE
1"

NEW RAMP LAYOUT FOR:
117 BERWYN AVE.

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: 117 Beewyn Ave

Project Description: New Construction Demolition Rehab : Int () Ext ()

Other H.C. CAMP

Project Sponsor/Organization: ARISE

Applicant's Name: PYRAMID RAMP, INC. Phone: 534-1704

Applicant's Signature: *John Whiting* Date: 11-22-05

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 #

04PR5865

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

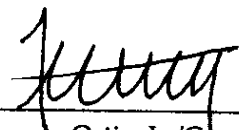
Is this property a Protected Site designated by the Syracuse Landmarks Preservation Board or is it located in a local Preservation District? Yes No

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, 6th 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

July
7/14/05 P. 8621



635 James Street
Syracuse, New York 13203
Phone: (315) 472-3171 Fax: (315) 671-2977

FAX

TO: Chuck Ladd - O.O. Spring

FROM: Marion Miller

SUBJECT: 117 Berwyn Ave

DATE: 5-14-05

MESSAGE: Please review attached

And advise findings
Helen Lygo
(M)

Confidentiality Note: This facsimile contains privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this facsimile is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination or copying of this facsimile is strictly prohibited. If you have received this facsimile in error, please immediately notify us by telephone and return the original facsimile to us at the above address via the U.S. Postal Service. Thank you.

Total number of pages, including cover sheet: _____

Property Line

Existing Driveway

+98.75

Provide interior and exterior light fixtures to switch adjacent to the door.

+100.5

-Provide wood platform with roll and stairs.
-Install gutter and downspout above.

+100.0

6'-10"

+98.0

15'-0"

Dog pen to be relocated by owner

LOWN

1:12 Slope Max.

+100.0

1:12 Slope Max.

+138.0

+138.5

Property Line

20'-0"

5'-0"

5'-0"

Install 2'-10" (minimum) x 6'-8" insulated door with lever handle handseel, deadbolt and viewing lens in the existing window opening.

Wood
(See Detail)

Concrete

2/16/05
OK
CR

ARISE Accessibility Services
635 James Street
Syracuse NY 13203

All contractors must verify all site conditions before start of work.

DSS

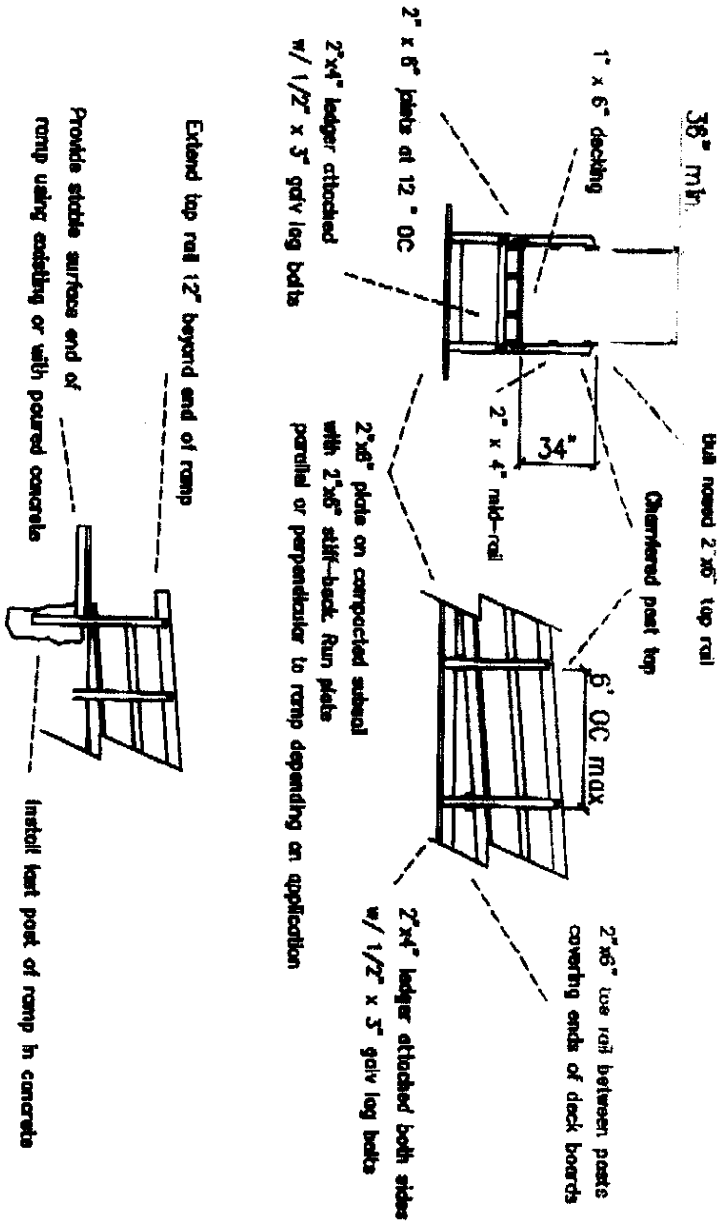
14 Feb 05

RTS

SITE ADDRESS

117 Berwyn Ave
Syracuse

Drawing
A-1



Use this detail for platform only. Ramp and lower platform shall be galvanized ramp system. No posts in concrete required.

Leave 36" opening for galvanized ramp. Provide temporary barrier in the opening until the galvanized ramp is in place.

- NOTES**
1. All material in contact with pavement or soil shall be P.T.
 2. Joint & rail lumber may be No. 1 grade fir. Structural material may be No. 2
 3. Deck material shall be nominal 1" x 6" rough sawn lumber.
 4. Fasteners shall be galv. Nails shall be ring shank or screw shank, and shall be equally distributed to prevent warping & twisting of materials.
 5. In areas of lawn, sod shall be removed. Hertz members shall be placed on compacted subgrade and fastened to uprights.
 6. Ramp surface transitions shall be 1/4" or less or less than 3/4" if beveled to 15 deg. slope.
 7. Ramps shall exit on 5' x 5' concrete pad or existing stable surface.

ARISE Accessibility Services
635 James Street
Syracuse NY 13203

All contractors must verify all site conditions before start of work.

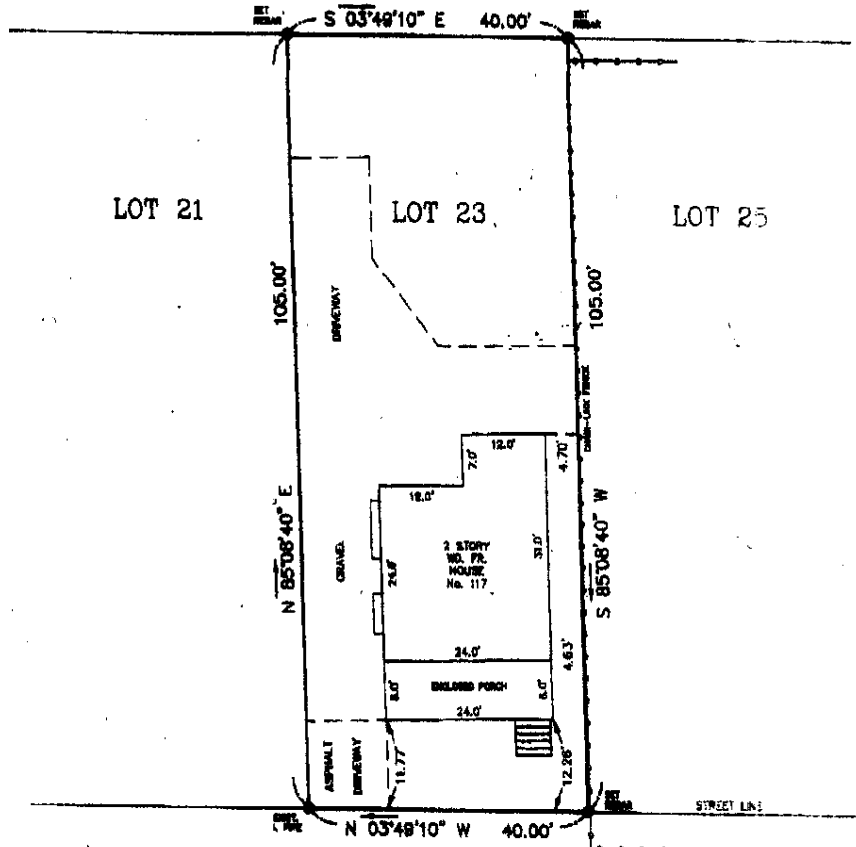
NSS

14 Feb 05

RTS

SITE ADDRESS
117 Berwyn
Ave
Syracuse

Drawing
Detail



BERWYN AVENUE

NO ABSTRACT OF TITLE FURNISHED FOR THIS SURVEY.
 SUBJECT TO EASEMENTS, RIGHTS-OF-WAY, AND RESTRICTIONS OF RECORD.
 ALTERATION OF THIS DOCUMENT, EXCEPT BY
 THE UNDERSIGNED LICENSED LAND SURVEYOR, IS ILLEGAL.

HOUSE LOCATION SURVEY
 LOT 23
 HERBERT TRACT

I HEREBY CERTIFY THAT THIS MAP WAS MADE FROM AN ACTUAL SURVEY,
 AND THAT BOTH MAP AND SURVEY ARE CORRECT.

J. D. Holbrook
 JAY D. HOLBROOK
 L.S. LIC. NO. 50047

04-956

CITY OF SYRACUSE
 COUNTY OF ONONDAGA STATE OF NEW YORK
 SURVEY DATE: MAY 13, 2004 SCALE: 1" = 20'

JAY D. HOLBROOK
 LAND SURVEYOR
 3795 ABBEY ROAD SYRACUSE, NY 13215



Case # _____
 Permit # M-74317
 Construction Class D3
 Property # 1908100900
 Fee \$ _____
 Check/M.O. # _____

CERTIFICATE APPLICATION

Property Address: 117 Berwyn Ave
 (Please include street and zip code)
 Owner's Name Delee
 Name of Contact Person for Inspection John Wentz

Telephone # _____
 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 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/or 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, _____ 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, JOHN WENTZ 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 John Wentz

SUBSCRIBED AND SWORN TO ME

Commissioner of Deeds _____ Date 11/21/05

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	CO	
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



City of Syracuse
Stephanie A. Miner, Mayor

**PERMIT APPLICATION
HEATING, A.C. & REFRIGERATION**

Date	Year <u>2014</u>	Month <u>11</u>	Day <u>12</u>
Job Address	Number and Street <u>117 Berwyn Ave</u>		
	Unit	Bldg.	Floor
Contractor	Name <u>Holbrook Heating</u>	Phone # <u>475-5555</u>	Fax # <u>677-3158</u>
	Contractor #/License# <u>2147</u>	Class <u>B</u>	Contact Person <u>Randy Holbrook</u>
Owner	Name <u>Carolyn DeLee</u>		
	Mailing Address <u>117 Berwyn Ave Syracuse, NY 13210</u>		
Applicant (Own./Auth. Agent)	Name (Print) <u>Randy Holbrook</u>	Telephone # [REDACTED]	Signature of License Holder <u>Randy Holbrook</u>
Work Information	Start Date <u>11/14</u>	Completion Date <u>11/14</u>	Cost of Construction <u>2698.00</u>
			Occupancy

HEATING, A.C. & REFRIGERATION OPERATION - ITEM				FEES	
ITEM	Qty.	ITEM	Qty.	Base Filing Fee Schedule	Unit Cost
<input checked="" type="checkbox"/> Furnace ¹	HO1 <u>2</u>	<input type="checkbox"/> Sup/Ret/Exh/Opn	H31	<input type="checkbox"/> Commercial: New Construction / Additions	\$60.00
<input type="checkbox"/> Boiler ¹	HO2	<input type="checkbox"/> 6"BBD/Rad.	H32	<input type="checkbox"/> Commercial: Renovation / Remodeling	\$40.00
<input type="checkbox"/> Heat Pump ²	HO3	<input type="checkbox"/> H.W/STM/Coil ¹	H33	<input type="checkbox"/> One & Two Family Dwellings: New Construction / Additions	\$30. per unit
<input type="checkbox"/> Air Conditioner ²	HO4	<input type="checkbox"/> H.W/STM/Rad.	H34	<input type="checkbox"/> One Unit <input type="checkbox"/> Two Units	
<input type="checkbox"/> Htg/Ac Rooftop ^{1,2}	HO5	<input type="checkbox"/> Convector	H35	<input checked="" type="checkbox"/> One & Two Family Dwellings: Renovations / Remodeling	\$25. per unit
<input type="checkbox"/> Fan/Coil Unit ^{1,2}	HO6	<input type="checkbox"/> Fan/Blower ³	H36	<input checked="" type="checkbox"/> One Unit <input type="checkbox"/> Two Units	
<input type="checkbox"/> Air Handling Unit ³	HO7	<input type="checkbox"/> Pump/Motor ⁴	H37	<input type="checkbox"/> Multiple Dwellings: New Construction/Additions Number of Units _____	\$25. per unit
<input type="checkbox"/> Make Up Air Unit ³	HO8	<input type="checkbox"/> Chimney/Liner	H38	<input type="checkbox"/> Multiple Dwelling: Renovations / Remodeling Number of Units _____	\$25. per unit up to 3. \$5 ea. Add'l. Unit
<input type="checkbox"/> Incremental Unit ^{1,2}	H09	<input type="checkbox"/> Draft Inducer	H39	Notes	
<input type="checkbox"/> Condensing Unit ²	H10	<input type="checkbox"/> Cond. Receiver	H40	Base Filing Fee From Schedule	
<input type="checkbox"/> Condenser ²	H11	<input type="checkbox"/> Chem. Feeder	H41	# of Dwelling Units <u>1</u> x Unit Cost <u>29</u>	<u>29</u>
<input type="checkbox"/> Evaporator Coil ²	H12	<input type="checkbox"/> Expansion Tank ⁸	H42	Commercial Unit _____ x Unit Cost _____	
<input type="checkbox"/> Evaporative Cooler ²	H13	<input type="checkbox"/> Humidifier	H43	HVAC/REF. Item Qty. <u>3</u> x \$6.00 each	<u>18</u>
<input type="checkbox"/> Cooling Tower ²	H14	<input type="checkbox"/> Dehumidifier	H44	Plan Review Fee: \$25 base review fee plus .75/thousand for any dollar amount over a construction cost of 33,000	
<input type="checkbox"/> Chiller ²	H15	<input type="checkbox"/> Fuel Line	H45	SUBTOTAL	<u>43</u>
<input type="checkbox"/> Stat Roof Vent	H16	<input type="checkbox"/> Air Cleaner	H46	Department Use Only	\$25.00
<input type="checkbox"/> Walk-in-Cooler ²	H17	<input type="checkbox"/> Incinerator	H47	Certificate Fee	
<input type="checkbox"/> Walk-in-Freezer ²	H18	<input type="checkbox"/> Gas Outl. Com. ⁵	H48	<input checked="" type="checkbox"/> Completion <input type="checkbox"/> Occupancy <input type="checkbox"/> Subcontractor	
<input type="checkbox"/> Refrigerated Case ²	H19	<input type="checkbox"/> Kit/Shop Hood	H49	TOTAL PERMIT FEE	<u>68</u>
<input type="checkbox"/> Compressor ^{2,9}	H20	<input type="checkbox"/> Motorized Dmp.	H50	Dept Use Permit# <u>17750</u> Property # <u>1908100900</u>	
<input type="checkbox"/> Heat Exchange ¹	H21	<input type="checkbox"/> Fire Dampers	H51	Permit H Building Code 8	
<input type="checkbox"/> Unit Heater ¹	H22	<input type="checkbox"/> Fuel Tank-Inst ⁶	H52	Cert. of Occupancy Requ'd Y/N date applied _____ Cost _____	
<input type="checkbox"/> Duct Heater ¹	H23	<input type="checkbox"/> Fuel Tank-Rem. ⁷	H53	Cert. of Completion Requ'd Y/N date applied <u>11-24</u> Cost <u>25</u>	
<input type="checkbox"/> Space Heater ¹	H24	<input type="checkbox"/> Temp. Ctrl. Panel	H54	Cert. of Subcontract Requ'd Y/N date applied _____ Cost _____	
<input type="checkbox"/> Cabinet Heater ¹	H25	<input checked="" type="checkbox"/> T'stat/Sensor	H55 <u>1</u>	Plan Review Check/M.O Number _____ Plans Attached Y / N	
<input type="checkbox"/> Radiant Heater ¹	H26	<input type="checkbox"/> Temp. Ctrl. Valve	H56	Permit Check/M.O. Number _____ Plans Attached Y / N	
<input type="checkbox"/> Electric Heater ¹	H27	<input type="checkbox"/> Flue Damper	H57	TYPE <u>R</u> (Enter "R" or "C" and enter # of units in 1st box Below).	
<input type="checkbox"/> Infra Red Heater ¹	H28	<input type="checkbox"/> Generator	H58	Status 262	
<input type="checkbox"/> Heat Reclaimer ¹	H29	<input type="checkbox"/> VAV Box	H59	Date <u>11-11-14</u>	
<input type="checkbox"/> Gas/Oil Burner ¹	H30	<input type="checkbox"/> Mixing Box	H60	Case # <u>10</u>	
<input type="checkbox"/> Other	H61	<input type="checkbox"/> Other	H61	Enter # of residential units in 1st box and # of commercial unit in 2nd box	
Total Items			<u>3</u>	Residential or Commercial	Commercial (If Mixed Use)
Footnotes				Existing Units	
¹ Each 50 MHB =	1	⁶ Each 250 Gal. =	1	Unit Change (+/-)	
² Each 2 Tons Cooling =	1	⁷ Each 1000 Gal. =	1	Commissioner of Deeds	
³ Each 2,000 CFM =	1	⁸ Each 15 Gal. =	1		
⁴ Each HP =	1	⁹ Each Hp Air =	1		
⁵ Each Outlet =	1				

CITY OF SYRACUSE
 STATE OF NEW YORK
 COUNTY OF ONONDAGA



Case # 10
 Permit # 17750
 Construction Class _____
 Property # 1908100990
 Fee \$ 25
 Check/M.O. # _____

CERTIFICATE APPLICATION

Property Address: 117 Berwyn Ave 13210
 (Please include street and zip code)
 Owner's Name Carolyn DeLee Telephone # _____
 Name of Contact Person for Inspection Holbrook Heating Telephone # 915-2000

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, Randy Holbrook 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 Randy Holbrook

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 11-24-14

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

SEE REVERSE SIDE FOR APPLICATION FEES

Sidewalk Replace Request Routing Form

(INTERNAL USE ONLY Rev. 05/12)

LOCATION OF SIDEWALK:

Berwyn Ave: 117

DATE OF APPLICATION: 06/24/21

APPLICATION #: PC-0300-21

CONTACT: Hueber-Breuer Construction Co., Inc.

PHONE #: 315-476-7917

Approval from all of the Departments listed below is required prior to issuing a Permit.

Please review and forward, in the order depicted below, to the next Department requiring approval. Upon completion from Public Works Transportation, please return to the Sidewalk Inspector or his designee. Thank You.

Department	Date Approved	Date Denied	Approved/ Denied by:	Comments
Engineering				
Public Works Transportation				
Insurance Requirements Review				
Public Works Inspector				

Jeremy Robinson
Commissioner

Martin E. Davis, L.S.
Deputy Commissioner



Ann Fordock
Deputy Commissioner

DEPARTMENT OF PUBLIC WORKS

Ben Walsh, Mayor

SIDEWALK CONSTRUCTION PERMIT APPLICATION

\$25 Non-Refundable Application Fee

Date of Application: 5/21/2021

Applicant Name: Hueber-Brewer Construction

Applicant Address: 148 Berwyn Ave

Applicant Contact
Phone Number: 315-476-7917

Property Owner
Name: _____

Property Owner
Phone Number: N/A

Location of Sidewalk: Eastside Berwyn Ave #117 Syracuse, NY

Dimensions of Sidewalk: 5" Wide per city specifications

Reason for Sidewalk
Construction: Overgrown, in need of repair, community
Service

Additional Information: _____

Jeremy Robinson
Commissioner

Martin E. Davis, L.S.
Deputy Commissioner



Ann Fordock
Deputy Commissioner

DEPARTMENT OF PUBLIC WORKS
Ben Walsh, Mayor

LIABILITY WAIVER APPLICATION
(Sidewalk Construction)

Company Name: Huber-Brewer Construction

Address: 148 Berwyn Ave
Syracuse, NY 13208

Contact Name: Nekia R. Hill

Telephone: 315-476-7917 Facsimile: _____

Cellular: 315-412-3935 24-Hour: _____

E-Mail Address: hill@huber Lhill@hb1872.build

The Waste Hauler must be licensed to operate in the City of Syracuse pursuant to Article 2, Chapter 14, of the City of Syracuse Revised General Ordinance's, Solid Waste Ordinance.

Please provide business name of Waste Hauler:

OBSTRUCTED METERED LOCATIONS

- The City of Syracuse shall be compensated for any parking revenue lost as a result of this project.
- Rates are \$11.25 per parking space per day.
 - o Example: 2 spaces @\$1.25 = \$22.50 per day x 10 days (length of project) = \$225.00).
- Rates are charged Monday through Saturday, except for Holidays.
- Fees are due when the application is submitted.



LIABILITY WAIVER APPLICATION
(Sidewalk Construction)

Location: Eastside of Berwyn Ave

Task to Perform: Sidewalk Replacement

Start Date: 08/2/2021 End Date: 08/9/2021
Start Time/Day: 8 AM Monday End Time/Day: 5 PM Monday

FOR OFFICE USE ONLY

Date Received: / /

Insurance Certificate Attached: Yes No Exp. Date: / /

Worker's Compensation Included? Yes No Exp. Date: / /

TTC Plan Attached: Yes No

Date TTC to DOT for Review: / /

Date TTC back from DOT: / /

Comments: _____

Waste Hauler Information: _____

Waiver #: _____



Sidewalk Construction Agreement

I, the applicant, understand and agree that as part of my sidewalk construction, I:
(Initial next to each item)

LKH Have read and am familiar with the "Sidewalk Construction Standards" as provided to me under the "Documents and Forms" section of the City's website (<http://syrgov.net>) and/or made available to me at the Central Permit Office.

LKH Shall contact the City Arborist (315-473-4330) if there is a tree adjacent to the walk.

LKH Shall call Dig Safely New York (811) 2 to 10 days prior to any construction.

LKH Shall install the sidewalk at at least 5' wide.

LKH Shall install a concrete sidewalk according to the "Sidewalk Construction Standards."

LKH Shall install the sidewalk through all driveways on the property.

LKH Shall install the sidewalk 5" thick and 7" thick when running through a driveway (see attached depth standard).

LKH Shall install the sidewalk through a two-pour process (4" of concrete with a 1" topping and 6" with a 1" topping through a driveway) if the walk installed is greater than 325 sq ft* (see attached depth standard). I understand the City of Syracuse always strongly recommends installing sidewalk through a two-pour process.

LKH Shall contact the sidewalk inspector (315-448-8548) after the work is completed in order to consent to an inspection by the same.

LKH I understand that failure to comply with any or all construction specifications may result in a "condemnation" by the City, wherein the abutting property owner will be responsible for all costs associated with replacement according to such specifications.

Signature: 

Date: 5/21/2021

Print Name: Lekia K. Hill

B

129
Case 7



AK

City of Syracuse
Matthew J. Driscoll, Mayor

Is any Federal, State, or City funding involved in any way with the project for which this permit is being requested?
Yes _____ No

PERMIT APPLICATION GENERAL CONTRACTING AND ELEVATOR WORK

Date	Year <u>01</u>	Month <u>11</u>	Day <u>07</u>
Job Address	Number & Street <u>117 Berwyn Ave</u>		
Unit	Bldg.	Floor	
Contractor	Name <u>JDP Const</u>	Phone # <u>437-6192</u>	Fax #
	Contractor #/License # <u>4033</u>	Class	Contact Person <u>John Perry</u>
Owner	Name <u>De Lee</u>	Mailing Address	
Applicant (Own./Auth. Agent)	Name (Print) <u>John Perry</u>	Telephone #	Signature <i>[Signature]</i>
Work Information	Start Date <u>01/14/7</u>	Completion Date <u>01/14/8</u>	Cost of Construction <u>6200</u> Occupancy <u>A-1</u>

DESCRIPTION OF WORK	FEES	
PHONE / PLUMBING / REPAIR STRUCTURE, 1/2" CDX 3 TAB SHIMULES.	Base Filing Fee Schedule	
	<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	\$30. per unit
	<input type="checkbox"/> One Unit <input type="checkbox"/> Two Units	
	<input type="checkbox"/> One & Two Family Dwellings: Renovations/Remodeling	\$25. per unit
	<input type="checkbox"/> One Unit <input type="checkbox"/> Two Units	
	<input type="checkbox"/> Multiple Dwellings: New Construction/Additions	\$25. per unit
	<input type="checkbox"/> Multiple Dwellings: Renovations/Remodeling	\$25. per unit up to 3. \$5 ea. Add'l. Unit
	<input type="checkbox"/> Elevator (1&2 Family Dwellings Are Exempt)	\$100.00
PERMIT FEE COST		
GENERAL CONSTRUCTION		
Cost of Construction 0-\$500,000		
Cost Per Thousand \$15.00		
ELEVATOR WORK		
\$10.00 Per Thousand of Construction Cost		
PLAN REVIEW FEE FOR ELEVATORS		
Construction Cost of Less Than \$91,000. shall be \$68.	# of Dwelling Units <u>1</u> x Unit Cost <u>25</u>	
Construction Cost Greater than \$91,000. shall be \$75 Per Thousand or Fraction Thereof.	Commercial Unit <u>7</u> x Unit Cost <u>15</u>	
	Permit Fee Cost <u>7 x 15</u>	<u>105</u>
	Subtotal	
	Plan Review Fee: \$25 base review fee plus .75/thousand for those projects with a construction cost greater than 33,000	
	DEPARTMENT USE ONLY Certificate Fee	
	<input checked="" type="checkbox"/> Completion <input type="checkbox"/> Occupancy <input type="checkbox"/> Subcontractor	<u>\$25.00</u>
Notes:	*Note: Certificate of Completion Fee Shall be waived for General Construction/Demolition of One, Two & Three Family Structures.	
	Total Permit Fee	
		<u>\$130.00</u>

Dept Use Only	Permit # <u>53891</u>	Property # <u>19081009000</u>	Case # <u>7</u>	Plans Attached Y/N	Plans on File Y/N
Permit Type <u>B</u>	Agency <u>SOCPA</u>	Date Sent	Approved Date	Cert. of Occupancy Requ'd Y/N date applied	Cost
Building Type <u>220</u>	FIRE			Cert. of Completion Requ'd Y/N date applied <u>11/7</u>	Cost <u>0</u>
Date Issued <u>11/7</u>	DPW			Cert. of Subcontract Requ'd Y/N date applied	Cost
Purpose Code <u>8</u>	ENG			Plan Review Check/M.O. Number	
Status Code <u>260</u>	PRES			Permit Check/M.O. Number	
	HEALTH			TYPE <u>R</u> 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 <u>10</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 <i>[Signature]</i>	

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



Case # 2
Permit # 53891
Construction Class A1
Property # 190 8100 900
Fee \$ _____
Check/M.O. # _____

CERTIFICATE APPLICATION

Property Address: 117 Bernway Ave
(Please include street address and zip code)
Owner's Name _____ Telephone # _____
Name of Contact Person for Inspection John Perry Telephone # 437-6192

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, John Perry 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, or installation of the above referenced property.

Signature _____

SUBSCRIBED AND SWORN TO ME

Commissioner of Deeds _____ Date 11/17/04

OWNER OR 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 ITEMS MUST BE COMPLETED ON THE TCO BEFORE A CO WILL BE ISSUED.

For Inspections
Call 448-8695

IPS 03
①



Does this work, or any part of this project, involve any City, State or Federal approvals, funding or permits?

Yes _____ No
stevemetras2010@gmail.com

City of Syracuse
Matthew J. Driscoll, Mayor

**PERMIT APPLICATION
GENERAL CONTRACTING AND ELEVATOR WORK**

Date	Year <u>2013</u>	Month <u>DEC.</u>	Day <u>2</u>
Job Address	Number & Street <u>117 BERWYN ST.</u>		
	Unit	Bldg.	Floor
Contractor	Name <u>VICTORY LIFTS</u>	Phone <u>414.0363</u>	Fax #
	Contractor #/License#	Class	Contact Person <u>S. METRAS</u>
Owner	Name <u>CAROLYN DE LEE</u>		
	Mailing Address <u>117 BERWYN ST. SYRACUSE, NY</u>		
Applicant (Own./Auth. Agent)	Name (Print) <u>CHARLES FREIBERGER</u>	Telephone #	Signature <u>Charles Freiburger</u>
Work Information	Start Date <u>1/20</u>	Completion Date <u>3/20</u>	Cost of Construction <u>6700</u>
			Occupancy

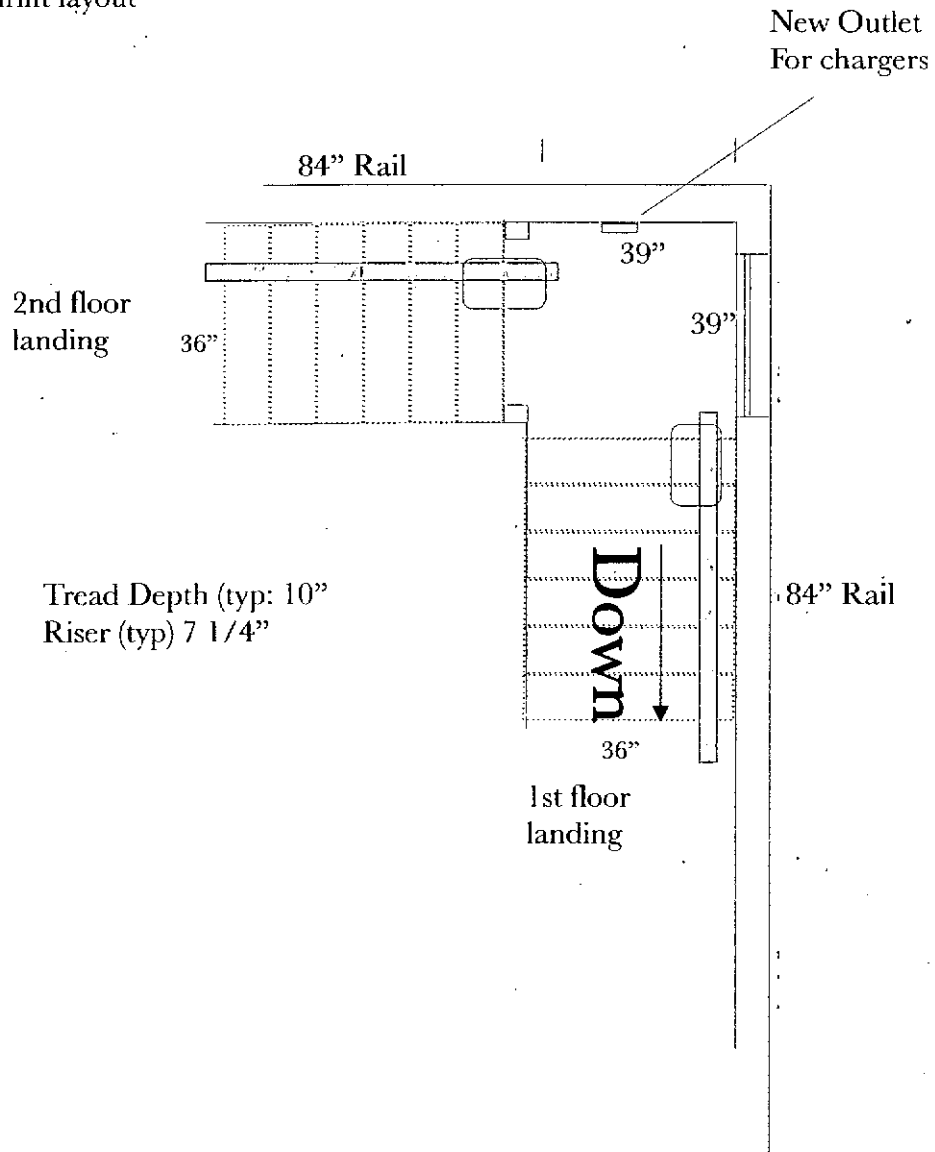
DESCRIPTION OF WORK	FEES	
INSTALL 2 STAIRLIFTS ON SPLIT STAIRWAY HANDICARE-SIMPLICITY 950 Prior to issuance of completion certificate a city approved 3rd party inspector shall perform and pass inspection for installation. Separate permits required for elec.	Base Filing Fee Schedule	Unit Cost
	<input 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	\$30.00 per unit
	<input type="checkbox"/> One Unit <input type="checkbox"/> Two Units	
	<input type="checkbox"/> One & Two Family Dwellings: Renovations / Remodeling	\$25.00 per unit
	<input type="checkbox"/> One Unit <input type="checkbox"/> Two Units	
	<input type="checkbox"/> Multiple Dwelling: New Construction / Additions	\$25.00 per unit
	Number of Units _____	
	<input type="checkbox"/> Multiple Dwelling: Renovations / Remodeling	\$25.00 per unit - up to 3. \$5.00 ea. Add'l. Unit
Number of Units _____		
ELEVATOR WORK	<input checked="" type="checkbox"/> Elevator (1 & 2 Family Dwellings are Exempt)	\$100.00
\$10.00 Per Thousand of Construction Cost		68
68 \$6475	BASE FILING FEE FROM SCHEDULE	
PLAN REVIEW FEE FOR ELEVATORS	# of Dwelling Units _____ x Unit Cost _____	
Construction Cost of Less Than \$91,000. shall be \$68.	Commercial Unit _____ x Unit Cost _____	
	Permit Fee Cost	68 70
Construction Cost of Greater Than \$91,000. shall be \$75 Per Thousand or Fraction Thereof.	Subtotal	108
	Plan review Fee: \$25 base review fee plus .75/thousand for those projects with a construction cost greater than 33,000	
	DEPARTMENT USE ONLY Certificate Fee	\$25.00
	<input 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.	
	Total Permit Fee	163

Dept Use Only	Permit # <u>13762</u>	Property # <u>1904/00900</u>	Case #	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
	SOCPA			Cert. of Completion Requ'd. Y/N date applied <u>1-22-14</u>	Cost <u>25</u>
Building Type	FIRE			Cert. of Subcontract Requ'd. Y/N date applied	Cost
	DPW			Plan Review Check / M.O. Number	
Date Issued	ENG			Permit Check / M.O. Number	
	1-22-14			TYPE <u>R</u> (Enter "R" or "C" and enter # of units in 1st box (Below).)	
Purpose Code	PRES			Enter # of residential units in 1st box and # of commercial units in 2nd box:	
	HEALTH			Residential or Commercial	Commercial (If Mixed Use)
Status Code	DOCE			Existing Units <u>1</u>	
	HVAC/R			Unit Change (+/-)	
Additional Permits Requ'd	SPKLR			Commissioner of Deeds <u>Walter P.M.</u>	
	HVAC/R Y/N Electrical Y/N Sprinkler Y/N	Water Service Y/N Elevator Y/N Plumbing Y/N			

Victory Lifts, Inc.

DE LEE RESIDENCE
117 BERWYN AVE.
SYRACUSE, NY

Stairlift layout



CITY OF SYRACUSE
DEPARTMENT OF NEIGHBORHOOD AND BUSINESS DEVELOPMENT
DIVISION OF CODE ENFORCEMENT

ELEVATOR REGISTRATION FORM

Page 1 of 1

Assessed Address: 117 BERWYN AVE.
 Building's Address: 117 BERWYN AVE.
 Owner of Record: CAROLYN DE LEE
 Owner's Address: SAME

Telephone: [REDACTED]

Agent's Name: _____
 Agent's Address: _____

Telephone: () _____

Building (Tenant) Name: _____

Primary Use of Building: RESIDENTIAL

Date Building Completed: _____

Enter Current Elevator Data, one elevator per column.

	a)	b)	a)	b)	a)	b)	a)	b)	a)	b)	a)	b)
(a)=Unit No.			<u>2</u>									
(b)=Unit type	<u>1</u>											
(c) City's Assigned #												
(d) Date Installed	<u>12/13</u>		<u>12/13</u>									
(e) Original Installer	<u>VICTORY</u>		<u>VICTORY LIFTS</u>									
(f) Speed	<u>22 FPM</u>		<u>22 FPM</u>									
(g) Capacity	<u>350 lbs</u>		<u>350 lbs</u>									
(h) No. of Stops	<u>N/A</u>		<u>N/A</u>									
(i) No. of Floor Openings	<u>N/A</u>		<u>N/A</u>									
(j) Total Travel Distance	<u>84"</u>		<u>83"</u>									
(k) Machine Type	<u>RAK & PINION</u>		<u>RAK & PINION</u>									
(l) Machine Location	<u>ON CHAIR</u>		<u>ON CHAIR</u>									
(m) Type of Operation												
(n) Door Operation	<u>N/A</u>											

At the time of the filing of this registration form, were the elevator(s) controls replaced and/up upgraded resulting in a change of operation? _____ If yes, identify which elevator, name of contractor, and when performed.

At any time of the filing of this registration form, were the speed, capacity, stops, openings and/or traveled distance changed from the original installation? _____ If yes, identify elevator, work performed, name of contractor, and when performed.

Signed Charles Freiberger
 Print Name CHARLES FREIBERGER
 Date 12/11/13

Title SALES/MTG
 Company VICTORY LIFTS, INC

Installation Location:	117 Berwyn Ave
Owner:	Carolyn De Lee
Installation Type:	Two (2) Private Residence Inclined Stairway Chairlifts
Contractor:	Victory Lifts
Classification of Work:	New Installation
Applicable Code:	ASME A18.1-2005

<u>Review of Equipment Application</u>	<u>Action</u>
Slope of Installation:	36 deg (max 45 deg per code) Acceptable
Rated Load:	350 lbs (min 250 lbs per code) Acceptable
Stair Clearance, when folded:	20-3/4" (min 20" per code) Acceptable

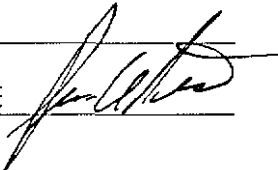
<u>Review of Product Data</u>	<u>Action</u>
Manufacturer's Statement of Conformance with ASME A18.1: Yes	Acceptable
Per Manufactuer's Website	
Comments:	

Permit Action: Submission Acceptable For Permit Issue

Permit Requirements:

- All tests required by ASME A18.1-2005 shall be performed by the Contractor and witnessed by an ASME qualified QEI inspector prior to unit being placed into service.
- The Contractor shall provide copies of inspection test reports prior to closure of Building Permit and issuance of a Certificate of Completion.

Reviewed by: MAP

Checked by: P. A. Peterson, PE 

Date: 12/16/2013

443.002



Case # _____
Permit # 13762
Construction Class _____
Property # 1908100900
Fee \$ 25
Check/M.O. # _____

CERTIFICATE APPLICATION

Property Address: 117 BERVYN ST., 13210
(Please include street and zip code)
Owner's Name CAROLYN DE LEE Telephone # _____
Name of Contact Person for Inspection GERALDINE Telephone # 414 0863

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, _____ 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, CHARLES FREIBERGER 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 TWO HANDICARE STAIRLIFTS - 350 LB. CAPACITY which is a component, of installation of the above referenced property.

Signature Charles Freiburger

SUBSCRIBED AND SWORN TO ME

Commissioner of Deeds Walter P.M. Date 1-22-14

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

