



## Property Information

## Request Information

## Update Information

File#:	BS-X01693-8607359068	Requested Date:	07/17/2024	Update Requested:
Owner:	Carolyn DeLee	Branch:		Requested By:
Address 1:	117 BERWYN AVENUE	Date Completed:		Update Completed:
Address 2:		# of Jurisdiction(s):		
City, State Zip:	SYRACUSE, NY	# of Parcel(s):	1	

## Notes

**CODE VIOLATIONS** Per City of Syracuse Department of Zoning there are no Code Violation cases on this property.  
Collector: City of Syracuse  
Payable Address: 233 East Washington Street Syracuse, NY 13202  
Business# 315-448-8400

**PERMITS** Per City of Syracuse Building Department there are no Open/Pending/ Expired Permit on this property.  
Collector: City of Syracuse  
Payable Address: 233 East Washington Street Syracuse, NY 13202  
Business# 315-448-8400

**SPECIAL ASSESSMENTS** Per City of Syracuse Tax Collector Department there are no Special Assessments/liens on the property.  
Collector: City of Syracuse  
Payable Address: 233 East Washington Street Syracuse, NY 13202  
Business# 315-448-8400

**DEMOLITION** NO

**UTILITIES** WATER & SEWER  
Account #: 1908100900  
Payment Status: DELINQUENT  
Status: Pvt & Lienable  
Amount: \$158.95  
Good Thru: 08/31/2024  
Account Active: Active  
Collector: City of Syracuse Department of Water  
Payable: P.O. BOX 5268, BINGHAMTON, NY 13902  
Business # 315-448-8310

UNABLE TO PROVIDE DOCUMENTATION TO THIRD PARTIES. VERBAL INFO ACQUIRED.

**GARBAGE**  
Garbage bills are included in the Real Estate Property taxes.



Property Description Report For: 117 Berwyn Ave,  
Municipality of City of Syracuse

No Photo Available

<b>Status:</b>	Active
<b>Roll Section:</b>	Taxable
<b>Swis:</b>	311500
<b>Tax Map ID #:</b>	058.-07-27.0
<b>Property #:</b>	1908100900
<b>Property Class:</b>	210 - 1 Family Res
<b>Site:</b>	RES 1
<b>In Ag. District:</b>	No
<b>Site Property Class:</b>	210 - 1 Family Res
<b>Zoning Code:</b>	001
<b>Neighborhood Code:</b>	15330
<b>School District:</b>	Syracuse
<b>Total Assessment:</b>	2024 - \$47,000
<b>Property Desc:</b>	Lot 23 Tr Herbert 40x105 Wh & Gar
<b>Deed Book:</b>	5178
<b>Deed Page:</b>	666
<b>Grid East:</b>	618778
<b>Grid North:</b>	1102392

Area

<b>Living Area:</b>	1,340 sq. ft.	<b>First Story Area:</b>	668 sq. ft.
<b>Second Story Area:</b>	672 sq. ft.	<b>Half Story Area:</b>	0 sq. ft.
<b>Additional Story Area:</b>	0 sq. ft.	<b>3/4 Story Area:</b>	0 sq. ft.
<b>Finished Basement:</b>	0 sq. ft.	<b>Number of Stories:</b>	2
<b>Finished Rec Room:</b>	0 sq. ft.	<b>Finished Area Over Garage:</b>	0 sq. ft.

Structure

<b>Building Style:</b>	Old style	<b>Bathrooms (Full - Half):</b>	1 - 0
<b>Bedrooms:</b>	3	<b>Kitchens:</b>	1
<b>Fireplaces:</b>	1	<b>Basement Type:</b>	Full
<b>Porch Type:</b>	Porch-screen	<b>Porch Area:</b>	192.00
<b>Basement Garage Cap:</b>	0	<b>Attached Garage Cap:</b>	0.00 sq. ft.
<b>Overall Condition:</b>	Fair	<b>Overall Grade:</b>	Average
<b>Year Built:</b>	1925	<b>Eff Year Built:</b>	

Owners

Carolyn DeLee  
117 Berwyn Ave  
Syracuse NY 13210

Sales

Sale Date	Price	Property Class	Sale Type	Prior Owner	Value Usable	Arms Length	Add. Parcels	Deed Book and Page
10/18/2011	\$10	210 - 1 Family Res	Land & Building	Delee, Carolyn	No	No	No	5178/666
10/25/2005	\$1	210 - 1 Family Res	Land & Building	Delee, Carolyn	No	No	No	4911/144

Utilities

<b>Sewer Type:</b>	Comm/public	<b>Water Supply:</b>	Comm/public
<b>Utilities:</b>	Gas & elec	<b>Heat Type:</b>	Hot air
<b>Fuel Type:</b>	Natural Gas	<b>Central Air:</b>	No

Improvements

Structure	Size	Grade	Condition	Year
Porch-screen	192.00 sq ft	Average	Normal	1925

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## Special Districts for 2024

Description	Units	Percent	Type	Value
OL005-Oiling	40	0%		0
OL001-Oiling Dist(no \$)	40	0%		0
CWR40-County water	0	0%		0
CSW15-Onon Co Single Fam	1	0%		0
SKR03-Res SE Sidewalk	1	0%		0
WR001-Water Rent District	0	0%	T	0
SR001-Sewer Rent District	0	0%	T	0

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## Exemptions

Year	Description	Amount	Exempt %	Start Yr	End Yr	V Flag	H Code	Own %
2024	BAS STAR	\$12,960	0	2017				0

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## Taxes

Year	Description	Amount
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**\* Taxes reflect exemptions, but may not include recent changes in assessment.**

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@syrgov.net](mailto:FOIL@syrgov.net)

## 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
<a href="#">Sidewalk.pdf</a>		releasable	330.48 KB
<a href="#">HVAC-Redacted.pdf</a>		Redacted copy of HVAC.pdf	278.85 KB
<a href="#">Building_117-Redacted.pdf</a>		Redacted copy of Building 117.pdf	847.81 KB
<a href="#">Elevator_117-Redacted.pdf</a>		Redacted copy of Elevator 117.pdf	383.57 KB
<a href="#">Roof_permit-Redacted.pdf</a>		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>	<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>6x15</u>
Construction Cost of Greater Than \$91,000. shall be \$75	<b>Subtotal</b>	<u>901</u> <u>115-</u>
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.	
	<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>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>	Cert. of Completion Requ'd Y/N date applied <u>11/21</u>	Cost
Building Type	<u>FIRE</u>			Cert. of Subcontract Requ'd Y/N date applied	Cost
<u>999</u>	<u>DPW</u>			Plan Review	Check / M.O. Number
Date Issued	<u>ENG</u>			Permit	Check / M.O. Number
<u>11/21</u>	<u>PRES</u>			TYPE <u>R</u> (Enter "R" or "C" and enter # of units in 1st box (Below)	
Purpose Code	<u>HEALTH</u>			Enter # of residential units in 1st box and # of commercial units in 2nd box	
<u>8</u>	<u>DOCE</u>			Residential / Commercial (If Mixed Use)	
Status Code	<u>HVAC/R</u>			Existing Units	
<u>260</u>	<u>SPKLR</u>			Unit Change (+/-)	
Additional Permits Required	HVAC/R Y/N Electrical Y/N Sprinkler Y/N Water Service Y/N Elevator Y/N Plumbing Y/N			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

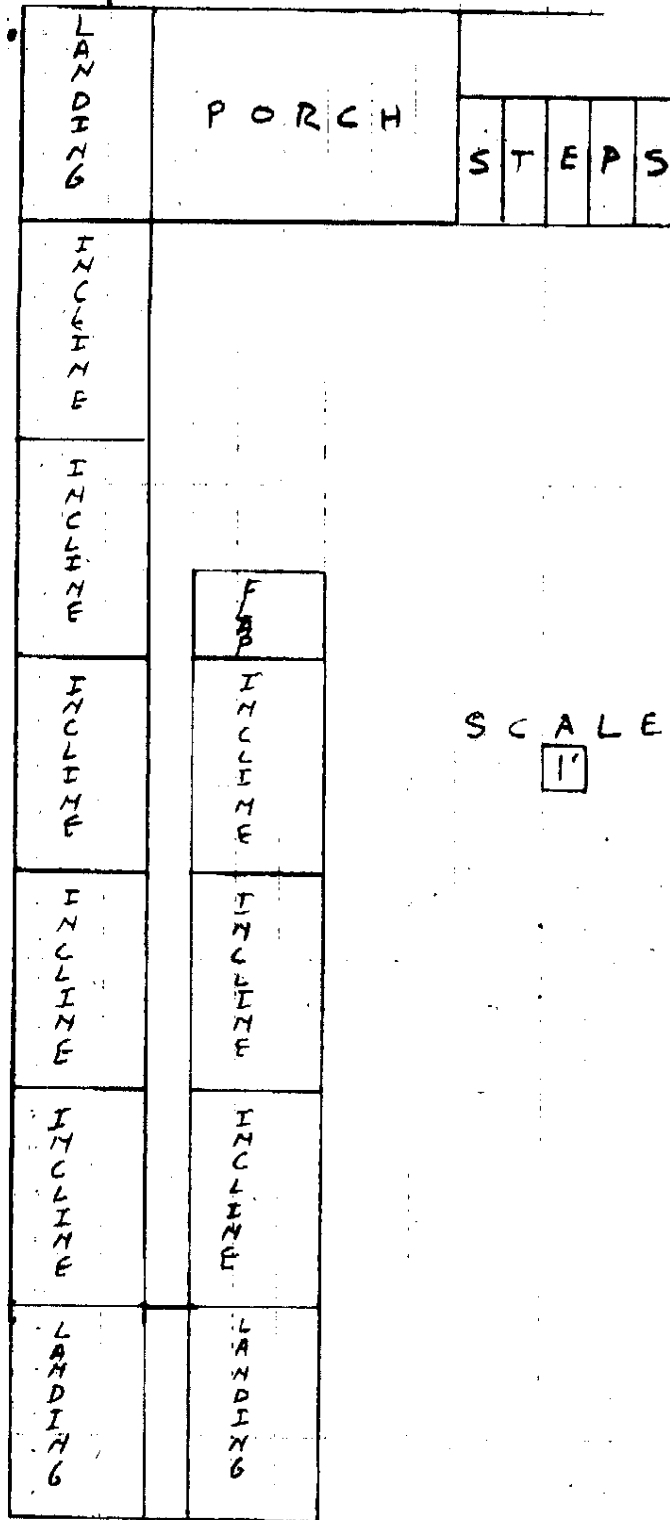
with MR. LADD : any questions

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, 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.*

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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 14 P. 8621

# ANNEX

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.

+138.5

+138.0

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.



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

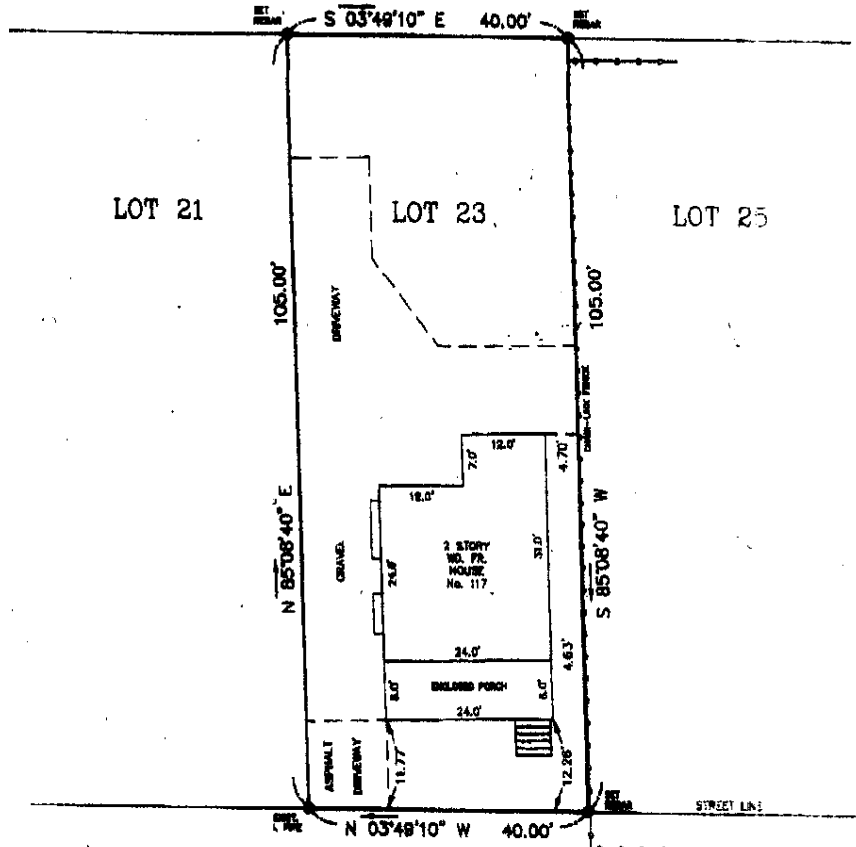
MTS

SITE ADDRESS

117 Berwyn Ave  
Syracuse

Drawing A-1





# 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.

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

HOUSE LOCATION SURVEY LOT 23 HERBERT TRACT		
COUNTY OF ONONDAGA	CITY OF SYRACUSE	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 # [REDACTED]  
 Telephone # [REDACTED]

**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	CC	
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 <sup>1</sup>	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 <sup>1</sup>	HO2	<input type="checkbox"/> 6"BBD/Rad.	H32	<input type="checkbox"/> Commercial: Renovation / Remodeling	\$40.00
<input type="checkbox"/> Heat Pump <sup>2</sup>	HO3	<input type="checkbox"/> H.W/STM/Coil <sup>1</sup>	H33	<input type="checkbox"/> One & Two Family Dwellings: New Construction / Additions	\$30. per unit
<input type="checkbox"/> Air Conditioner <sup>2</sup>	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 <sup>1,2</sup>	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 <sup>1,2</sup>	HO6	<input type="checkbox"/> Fan/Blower <sup>3</sup>	H36	<input checked="" type="checkbox"/> One Unit <input type="checkbox"/> Two Units	
<input type="checkbox"/> Air Handling Unit <sup>3</sup>	HO7	<input type="checkbox"/> Pump/Motor <sup>4</sup>	H37	<input type="checkbox"/> Multiple Dwellings: New Construction/Additions Number of Units _____	\$25. per unit
<input type="checkbox"/> Make Up Air Unit <sup>3</sup>	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 <sup>1,2</sup>	H09	<input type="checkbox"/> Draft Inducer	H39	Notes	
<input type="checkbox"/> Condensing Unit <sup>2</sup>	H10	<input type="checkbox"/> Cond. Receiver	H40	Base Filing Fee From Schedule	
<input type="checkbox"/> Condenser <sup>2</sup>	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 <sup>2</sup>	H12	<input type="checkbox"/> Expansion Tank <sup>8</sup>	H42	Commercial Unit _____ x Unit Cost _____	
<input type="checkbox"/> Evaporative Cooler <sup>2</sup>	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 <sup>2</sup>	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 <sup>2</sup>	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 <sup>2</sup>	H17	<input type="checkbox"/> Incinerator	H47	Certificate Fee	
<input type="checkbox"/> Walk-in-Freezer <sup>2</sup>	H18	<input type="checkbox"/> Gas Outl. Com. <sup>5</sup>	H48	<input checked="" type="checkbox"/> Completion <input type="checkbox"/> Occupancy <input type="checkbox"/> Subcontractor	
<input type="checkbox"/> Refrigerated Case <sup>2</sup>	H19	<input type="checkbox"/> Kit/Shop Hood	H49	TOTAL PERMIT FEE	<u>68</u>
<input type="checkbox"/> Compressor <sup>2,9</sup>	H20	<input type="checkbox"/> Motorized Dmp.	H50	Dept Use Permit# <u>17750</u> Property # <u>1908100900</u>	
<input type="checkbox"/> Heat Exchange <sup>1</sup>	H21	<input type="checkbox"/> Fire Dampers	H51	Permit H	Cert. of Occupancy Requ'd Y/N date applied _____ Cost _____
<input type="checkbox"/> Unit Heater <sup>1</sup>	H22	<input type="checkbox"/> Fuel Tank-Inst <sup>6</sup>	H52	Building 999	Cert. of Completion Requ'd Y/N date applied <u>11-24</u> Cost <u>25</u>
<input type="checkbox"/> Duct Heater <sup>1</sup>	H23	<input type="checkbox"/> Fuel Tank-Rem. <sup>7</sup>	H53	Code 8	Cert. of Subcontract Requ'd Y/N date applied _____ Cost _____
<input type="checkbox"/> Space Heater <sup>1</sup>	H24	<input type="checkbox"/> Temp. Ctrl. Panel	H54	Case # 10	Plan Review Check/M.O Number _____ Plans Attached Y / N
<input type="checkbox"/> Cabinet Heater <sup>1</sup>	H25	<input checked="" type="checkbox"/> T'stat/Sensor	H55		Permit Check/M.O. Number [REDACTED] Plans Attached Y / N
<input type="checkbox"/> Radiant Heater <sup>1</sup>	H26	<input type="checkbox"/> Temp. Ctrl. Valve	H56		TYPE <u>R</u> (Enter "R" or "C" and enter # of units in 1st box Below).
<input type="checkbox"/> Electric Heater <sup>1</sup>	H27	<input type="checkbox"/> Flue Damper	H57		Enter # of residential units in 1st box and # of commercial unit in 2nd box
<input type="checkbox"/> Infra Red Heater <sup>1</sup>	H28	<input type="checkbox"/> Generator	H58		Residential or Commercial
<input type="checkbox"/> Heat Reclaimer <sup>1</sup>	H29	<input type="checkbox"/> VAV Box	H59		Commercial (If Mixed Use)
<input type="checkbox"/> Gas/Oil Burner <sup>1</sup>	H30	<input type="checkbox"/> Mixing Box	H60		Existing Units _____
<input type="checkbox"/> Other	H61	<input type="checkbox"/> Other	H61		Unit Change (+/-) _____
Total Items			<u>3</u>	Commissioner of Deeds <u>[Signature]</u>	

Footnotes	Qty	Other	Qty
<sup>1</sup> Each 50 MHB =	1	<sup>6</sup> Each 250 Gal. =	1
<sup>2</sup> Each 2 Tons Cooling =	1	<sup>7</sup> Each 1000 Gal. =	1
<sup>3</sup> Each 2,000 CFM =	1	<sup>8</sup> Each 15 Gal. =	1
<sup>4</sup> Each HP =	1	<sup>9</sup> Each Hp Air =	1
<sup>5</sup> Each Outlet =	1		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	
<b>PHONE / PLUMBING / REPAIR STRUCTURE, 1/2" CDX 3 TAB SHIMULES.</b>	<b>Base Filing Fee Schedule</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	\$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
<b>PERMIT FEE COST</b>		
<b>GENERAL CONSTRUCTION</b>		
Cost of Construction 0-\$500,000		
Cost Per Thousand \$15.00		
<b>ELEVATOR WORK</b>		
\$10.00 Per Thousand of Construction Cost		
<b>PLAN REVIEW FEE FOR ELEVATORS</b>		
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>
	<b>Subtotal</b>	
	Plan Review Fee: \$25 base review fee plus .75/thousand for those projects with a construction cost greater than 33,000	
	<b>DEPARTMENT USE ONLY Certificate Fee</b>	<u>\$25.00</u>
	<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>\$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 \_\_\_\_\_

Commissioner of Deeds \_\_\_\_\_ **SUBSCRIBED AND SWORN TO ME** 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



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>[Signature]</u>
Work Information	Start Date <u>1/20</u>	Completion Date <u>3/20</u>	Cost of Construction <u>6700</u>
			Occupancy

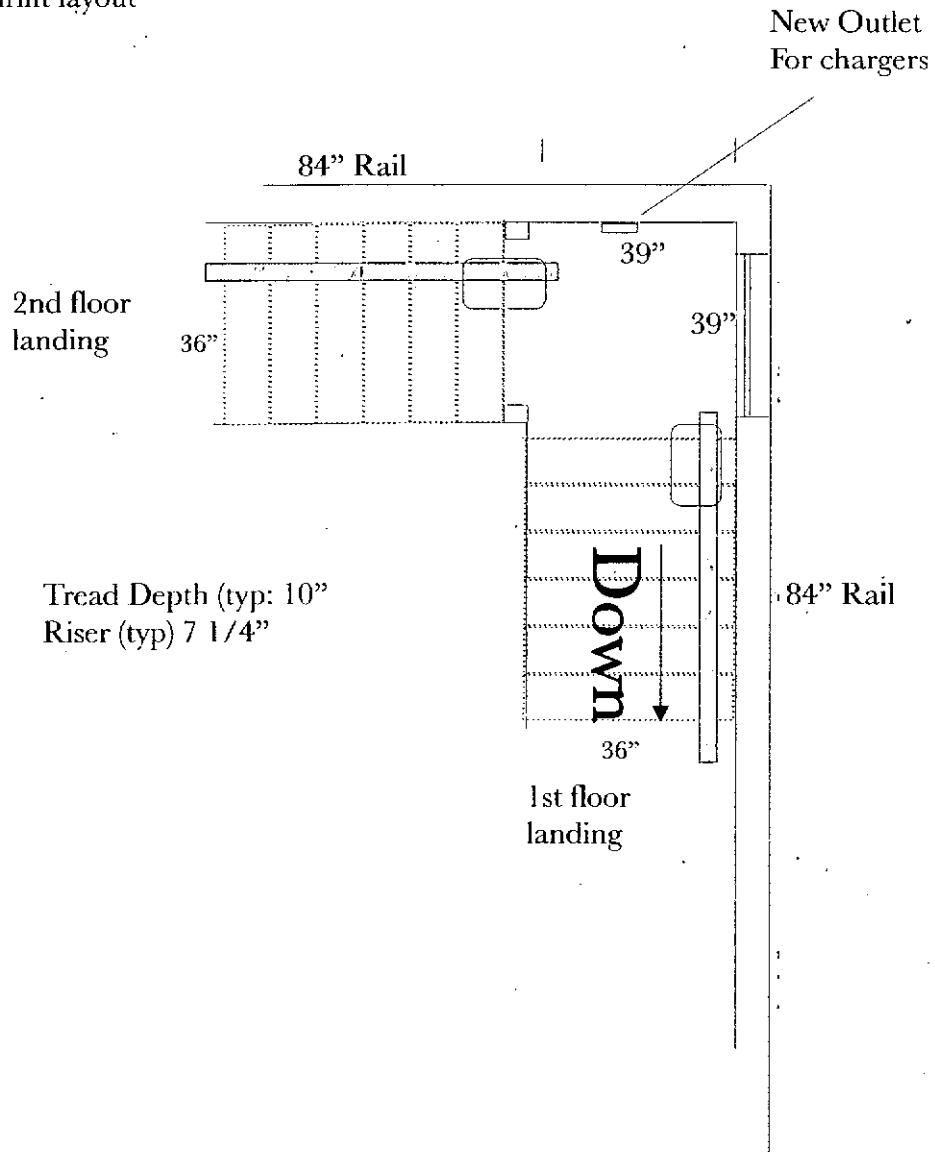
DESCRIPTION OF WORK	FEES	
<b>INSTALL 2 STAIRLIFTS ON SPLIT STAIRWAY HANDICARE-SIMPLICITY 950</b> Prior to issuance of completion certificate a city approved 3rd party inspector shall perform and pass inspection for installation. Separate permits required for elec.	<b>Base Filing Fee Schedule</b>	<b>Unit 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	\$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 _____		
<b>ELEVATOR WORK</b>	<input checked="" type="checkbox"/> Elevator (1 & 2 Family Dwellings are Exempt)	\$100.00
\$10.00 Per Thousand of Construction Cost		<del>68</del>
<del>720</del> \$6475	<b>BASE FILING FEE FROM SCHEDULE</b>	
<b>PLAN REVIEW FEE FOR ELEVATORS</b>	# of Dwelling Units _____ x Unit Cost _____	
Construction Cost of Less Than \$91,000. shall be \$68.	Commercial Unit _____ x Unit Cost _____	
	Permit Fee Cost	<del>68</del> 70
Construction Cost of Greater Than \$91,000. shall be \$75 Per Thousand or Fraction Thereof.	<b>Subtotal</b>	108
	Plan review Fee: \$25 base review fee plus .75/thousand for those projects with a construction cost greater than 33,000	
	<b>DEPARTMENT USE ONLY Certificate Fee</b>	\$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.	
	<b>Total Permit Fee</b>	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>Wilder PM</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)=Unit No.	a)	b)	a)	b)	a)	b)	a)	b)	a)	b)	a)	b)
(b)=Unit type	1		2									
(c) City's Assigned #												
(d) Date Installed	12/13		12/13									
(e) Original Installer	VICTORY		VICTORY LIFTS									
(f) Speed	22 FPM		22 FPM									
(g) Capacity	350 lbs		350 lbs									
(h) No. of Stops	N/A		N/A									
(i) No. of Floor Openings	N/A		N/A									
(j) Total Travel Distance	84"		83"									
(k) Machine Type	RAK & PINION		RAK & PINION									
(l) Machine Location	ON CHAIR		ON CHAIR									
(m) Type of Operation												
(n) Door Operation	N/A											

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:	<b>117 Berwyn Ave</b>
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**

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