



Case # \_\_\_\_\_  
 Permit # \_\_\_\_\_  
 Construction Class \_\_\_\_\_  
 Property # \_\_\_\_\_  
 Fee \$ \_\_\_\_\_  
 Check/M.O. # \_\_\_\_\_

**CERTIFICATE APPLICATION**

Property Address: \_\_\_\_\_  
 (Please include street address and zip code)  
 Owner's Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Name of Contact Person for Inspection \_\_\_\_\_ Telephone # \_\_\_\_\_

**TYPE OF CERTIFICATE BEING APPLIED FOR (Check one box only)**

- SUBCONTRACTOR CERTIFICATE
- CERTIFICATE OF OCCUPANCY: For the construction of new or substantially remodeled buildings or a change of occupancy.

I, \_\_\_\_\_ being duly sworn, depose and say, that I am the owner or authorized representative of the owner of this above-referenced property which is located in Syracuse, New York; that the construction or remodeling of this building is in conformance with all applicable codes, ordinances, laws, regulations, generally-accepted standards, plans, specifications and other requirements on file with this department in connection with this permitted activity and is structurally safe for occupancy.

Signature \_\_\_\_\_

- CERTIFICATE OF COMPLETION:** For all work not requiring a certificate of Occupancy.

I, \_\_\_\_\_ 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 \_\_\_\_\_

**OWNER OR AUTHORIZED REPRESENTATIVE MUST BE PRESENT AT INSPECTION.**

**FOR OFFICE USE ONLY**

**OCCUPANCY BY FLOOR APPROVALS**

Floor	Type Occupancy	Use	Approved By	For				Signature
				TCO	CO	CC	CI	
B/C			PLBG. INSPR.					
1			ELEC. INSPR.					
2			FIRE PREV.					
3			ZONING					
4			BLDG. EXAMINER					
5			HVAC INSPR.					
6			ELEV. INSPR.					
			FIRE SUPP. INSPR.					

**THE FOLLOWING ITEMS MUST BE COMPLETED ON THE TCO BEFORE A CO WILL BE ISSUED.**

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

SEE REVERSE SIDE FOR APPLICATION FEES