



**APPLICATION FOR CERTIFICATE OF COMPLIANCE  
(for buildings of three families or more, or mixed-use structures)**

Property Location: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Owner's Address: \_\_\_\_\_  
(street) (city) (state) (ZIP)

**If owner lives outside of Onondaga County, Agent's name, address and telephone are required.**

Agent's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Agent's Address: \_\_\_\_\_  
(street) (city) (state) (ZIP)

**PROPERTY DESCRIPTION**

Number of structures on lot \_\_\_\_\_ Type of Construction: Masonry \_\_\_\_\_ Wood Frame \_\_\_\_\_

Number of: Apartments \_\_\_\_\_ Sleeping Rooms \_\_\_\_\_ Commercial Units \_\_\_\_\_

Total units by stories: Auxiliary Buildings? (INDICATE WITH AN X) (1) Occupied as: \_\_\_\_\_

Cellar \_\_\_\_\_ 0. \_\_\_ NONE (2) Occupied as: \_\_\_\_\_

Basement \_\_\_\_\_ 1. \_\_\_ 1-CAR MASONRY GARAGE (3) Occupied as: \_\_\_\_\_

First Floor \_\_\_\_\_ 2. \_\_\_ 2-CAR MASONRY GARAGE (4) Occupied as: \_\_\_\_\_

Second Floor \_\_\_\_\_ 3. \_\_\_ 3 OR MORE CAR MASONRY GARAGE

Third Floor \_\_\_\_\_ 4. \_\_\_ 1-CAR WOOD FRAME GARAGE Attic: \_\_\_\_\_ (Y) \_\_\_\_\_ (N)

Fourth Floor \_\_\_\_\_ 5. \_\_\_ 2-CAR WOOD FRAME GARAGE

6. \_\_\_ 3 OR MORE CAR WOOD FRAME GARAGE

7. \_\_\_ CARRIAGE HOUSE Car Spaces: \_\_\_\_\_

8. \_\_\_ SHED

**CHECK ONE OF THE FOLLOWING:**

\_\_\_ This application is being made pursuant to Property Conservation Code Section 27-15, A., in contemplation of a transfer of title to:

Purchaser's Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_ This application is being made pursuant to Property Conservation Code Section 27-15, B., as required every three (3) years for dwellings of three families or more or buildings of mixed occupancy.

Arrangements for making inspection may be obtained by calling:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

I, the owner of subject property, hereby apply for a Certificate of Compliance and authorize the required inspections.

\_\_\_\_\_  
Date Signature of owner is required.

**SEE REVERSE SIDE FOR FEE SCHEDULE**

Receipt No. Issued \_\_\_\_\_ Quadrant \_\_\_\_\_ District \_\_\_\_\_ Accepted by \_\_\_\_\_

Comments: \_\_\_\_\_

## **APPLICATION FOR CERTIFICATE OF COMPLIANCE**

### Schedule of Fees:

Structures containing more than two units or any mixed-use structures	\$55.00 plus \$20.00 additional for each additional unit in excess of two
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Checks should be made payable to COMMISSIONER OF FINANCE, and sent with this application to the Division of Code Enforcement, 201 E. Washington Street, Syracuse, New York 13202-1430.

### **MAIL CERTIFICATES, APPLICATIONS AND APPROPRIATE FEES TO:**

Department of Neighborhood and Business Development  
Division of Technical Services  
City Hall Commons  
201 E. Washington Street – Room 101  
Syracuse, New York 13202-1430  
(315) 448-8600