



City of Syracuse

**PERMIT APPLICATION
ELECTRICAL**

Date	Year	Month	Day
Job Address	Number & Street		
	Unit	Bldg.	Floor
Contractor	Name	Phone #	Fax #
	Contractor #/License #	Class	Contact Person
Owner	Name	E-Mail Address	
	Mailing Address		
Applicant (Own./Auth. Agent)	Name (Print)	Telephone #	Signature of License Holder
Work Information	Start Date	Completion Date	Cost of Construction Occupancy

ELECTRICAL OPERATION – ITEM		QTY	FEES	
<input type="checkbox"/>	Receptacle Outlet Opening(s)	E01	Base Filing Fee Schedule	
<input type="checkbox"/>	Lighting Fixture Opening(s)	E02	<input type="checkbox"/> Commercial: New Construction/Additions	\$60.00
<input type="checkbox"/>	Switch Opening(s)	E03	<input type="checkbox"/> Commercial: Renovation/Remodeling	\$40.00
<input type="checkbox"/>	Disconnecting Means	E04	<input type="checkbox"/> One & Two Family Dwellings: New Construction/Additions	\$30. per unit
<input type="checkbox"/>	Service Panel(s)	E05		
<input type="checkbox"/>	Sub Panel(s)	E06	<input type="checkbox"/> One Unit <input type="checkbox"/> Two Units	
<input type="checkbox"/>	Meter Socket(s)	E07	<input type="checkbox"/> One & Two Family Dwellings: Renovations/Remodeling	\$25. per unit
<input type="checkbox"/>	Fire Alarm Initiating Device(s)	E08		
<input type="checkbox"/>	Fire Alarm Indicating Device(s)	E09	<input type="checkbox"/> One Unit <input type="checkbox"/> Two Units	
<input type="checkbox"/>	Burglar Alarm Device(s)	E10	<input type="checkbox"/> Multiple Dwellings: New Construction/Additions Number of Units _____	\$25. per unit
<input type="checkbox"/>	Baseboard Heater(s)	E11		
<input type="checkbox"/>	Water Heater(s)	E12	<input type="checkbox"/> Multiple Dwellings: Renovations/Remodeling Number of Units _____	\$25. per unit up to 3. \$5 ea. Add'l. Unit
<input type="checkbox"/>	Dryer(s)	E13		
<input type="checkbox"/>	Lighted Exit Signs	E14		
<input type="checkbox"/>	Emergency Light(s)	E15	<input type="checkbox"/> Disconnect/Reconnect (Transfer)	E96
<input type="checkbox"/>	Transformer(s)	E16	<input type="checkbox"/> Meter Set	E97
<input type="checkbox"/>	Motor(s)	E17	Base Filing Fee From Schedule	
<input type="checkbox"/>	Switchboard(s)	E18	# of Dwelling Units _____ x Unit Cost _____	
<input type="checkbox"/>	GFI	E19	Commercial Unit _____ x Unit Cost _____	
<input type="checkbox"/>	Horn	E20	ELECTRICAL Item Qty. _____ X \$2.00 each	
<input type="checkbox"/>	Strobe	E21	Subtotal	
<input type="checkbox"/>	Appl. Circuit	E22	Plan Review Fee: \$25 base review fee plus .75/thousand	
<input type="checkbox"/>	Siren	E23	for those projects with a construction cost greater than 33,000	
<input type="checkbox"/>	Pool Circuit	E24	Department Use Only	
<input type="checkbox"/>	Wireless Control	E25	Certificate Fee	
<input type="checkbox"/>	Other	E98	<input type="checkbox"/> Completion <input type="checkbox"/> Occupancy <input type="checkbox"/> Subcontractor	
<input type="checkbox"/>	Other	E98	Notes:	
<input type="checkbox"/>	Other	E99		
Total Items			Total Permit Fee	

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



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		For				Signature
Floor	Type Occupancy	Use	Approved By	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.

