

# BUILDING PERMIT APPLICATION

BECOMES A PERMIT WHEN SIGNED ITEMS WITH ASTERISK (\*) MUST BE FILLED OUT

# Syracuse City

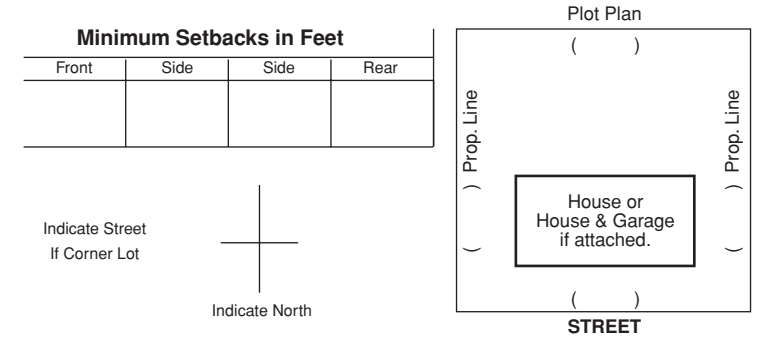
*Date of Application		Date Work Starts		Receipt No.	Date Issued	Permit Number	
*Proposed Use of Structure				<b>BUILDING FEE SCHEDULE</b>			
*Bldg. Address				Square Ft. of Building		Valuation	
*Address Certificate No.		Assessors Parcel No.		<input type="checkbox"/> Rough Basement		Building Fee	
*Lot#		*Block		*Subd. Name & Number		<input type="checkbox"/> Finish Basement	
*Property Location		<input type="checkbox"/> *If metes and bounds see instructions		Carport sq. ft.		Plan Check Fees	
*Total Property Area - In Sq. Ft.		Total Bldg. Site Area Used		Garage sq. ft.		Sec. Conn.	
*Owner of Property		Phone		Type of Bldg.		Sec. Impact	
*Mailing Address		City - Zip		Occ. Group		Water Impact	
*Business Name Address		Bus. Lic. No.		No. of Bldgs.		Park Fee	
*Architect or Engineer		Phone		No. of Stories.		Water Conn.	
*General Contractor		Phone		R. Value Walls		Sewer Conn.	
*Business Address - City - Zip				R		Storm Sewer Impact	
*State Lic. No.		*City/Co. Lic. No.		R		Traffic Impact	
*Electrical Contractor		Phone		No. of Bedrooms		State Fee	
*Business Address - City - Zip				U Factor Window		Construction Meter	
*State Lic. No.		*City/Co. Lic. No.		No. of Dwellings		Public Safety Impact	
*Plumbing Contractor		Phone		Type of Construction		N.D.S.D. Impact	
*Business Address - City - Zip				<input type="checkbox"/> Frame <input type="checkbox"/> Brick Var.		Garbage	
*State Lic. No.		*City/Co. Lic. No.		<input type="checkbox"/> Brick <input type="checkbox"/> Block <input type="checkbox"/> Concrete <input type="checkbox"/> Steel		Other	
*Mechanical Contractor		Phone		Max. Occ. Load		<b>Total</b>	
*Business Address - City - Zip				Fire Sprinkler <input type="checkbox"/> Yes <input type="checkbox"/> No			
*State Lic. No.		*City/Co. Lic. No.		Brick Design <input type="checkbox"/> Yes <input type="checkbox"/> No		Special Approvals	
*Pervious Usage of Land or Structure ( Past 3 Years)						Required	
*Dwell. Units Now on Lot		*Assessory Bldgs. Now on Lot				Received	
*Type of Improvement/Kind of Const.						Approved	
<input type="checkbox"/> Sign <input type="checkbox"/> Build <input type="checkbox"/> Remodel <input type="checkbox"/> Addition						Board of Adjustment	
<input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Convert Use <input type="checkbox"/> Demolish						Health Dept.	
*No. of offstreet parking spaces:		Covered		Uncovered		Fire Dept.	
						Soil Report	
						Water or Well Permit	
						Traffic Engineer	
						Flood Control	
						Sewer or Septic Tank	
						City Engineer (off site)	
						Gas	
						Comments	

**If any person takes occupancy prior to receiving "Certificate of Occupancy" document from Syracuse City, the contractor/permit signee will be cited with a Class 'B' misdemeanor according to the adopted ordinance.**

**This application does not become a permit until signed below.**

<b>SUB-CHECK</b>	Zone	Zone Approved By:
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Disapproved \_\_\_\_\_  
 Approved \_\_\_\_\_ Date \_\_\_\_\_ Sub-Ck. By \_\_\_\_\_



Plan Check OK by _____	
Signature of Approval _____	Date _____

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction and that I make this statement under penalty of perjury.

\* \_\_\_\_\_  
 Signature of Contractor or Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

\* \_\_\_\_\_  
 Signature of Owner (if owner) \_\_\_\_\_ (Date) \_\_\_\_\_

PLANNING DEPT USE	Census Tract. _____	Traffic Zone _____	Coordinate Ident. No. _____
	New S.L.U. Code No. _____		Old S.L.U. Code No. _____
	Certificate of Occupancy		

**NOTE: 24 hours notice is required for all inspections**