

TOWN OF ONONDAGA Buildings & Codes

5020 Ball Road Syracuse, NY 13215 (315) 469-3144

	(FOR CODES OFFICE USE ONLY)
Application for Building Permit,	Permit No.:
Certificate of Use, Certificate of	Tax Map ID:
Occupancy, Demolition, Fuel	Date:
Burning Appliances, and	Fee:
	Date Fee Paid:
Swimming Pools	Approved: Disapproved:
Applicant Name:	Phone:
Email:	
If Applicant/Owner is a corporation, please provide n	ames, addresses and titles of two officers:
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Permit Type: ☐ Commercial ☐ Residentia	al 🗆 Special Event 🗆 Operational
Location/ Address:	Zoning Dist.:
Subdivision: Is property located within/adjacent to a flood plain:	Section: Lot:
If "Yes", Community Panel #	
(Please note that Flood Insurance regulations for cons	struction must be followed in relation to flood plain proximity.)
Parcel Existing Use:	Intended Use:
Size of Lot: Front Rear:	Depth:
Sepic Approval on file: ☐ Yes ☐ No ☐ N/A	
Occupancy Classification:	Construction Classification:
Does the proposed construction require relief from	any Town of Onondaga Zoning Code or NYS Uniform code:
\square Yes \square No (If "Yes", please provide any docu	mentation describing such in detail.)
Nature of Construction: ☐ New Structure ☐	Addition □ Alteration □ Demolition □ Pool □ Other
Please briefly describe proposed construction/demo	olition:
Estimated Total Value/Cost: \$	-
Proposed Construction Dimensions and Details:	
Front: Rear: De	epth:
Sq. Ft. Habitable Space: Sq. Ft. Noi	n-Habitable Space:
Sq. Ft. Commercial/Industrial Space:	<u></u>
# of Stories: # of Garage Bays:	Bedrooms: Baths:
Please provide any additional details:	
Architect Contact Information:	
(Name)	(ADDRESS)
Contractor Contact Information:	
(NAME)	(Address)
Contractor's Insurance Company and Certificate #:	
Insurance Expiration Date:	
	2. Codes Enforcement Office for the issuance of a building normit nursuant to the New York State Fi
	& Codes Enforcement Office for the issuance of a building permit pursuant to the New York State Fir dditions or alterations, or for removal or demolition, as therein described. The applicant agrees t
	he/she is the applicant named; that he/she is the Contractor, Agent, or Corporation Officer of sai said work and to make and file this application; that all statements contained in this application ar
true to the best of his/her knowledge and belief; and that the work	will be performed in the manner set forth in this application and in the plans and specifications file
therewith.	
Signature of Applicant:	Date:
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