



# SYRACUSE CITY SCHOOL DISTRICT

Jaime Alicea, Superintendent of Schools

APPLICATION FOR BUILDING USE

## Department of Facilities Management

***This is a request for a building permit only, a computer generated permit will be sent to you when all signatures and insurance are in place. Please be aware that there may be fees associated with this request for use.***

**TO:** Kris Park, Building Permits

**FROM:** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Name of person in charge of event:** \_\_\_\_\_

**Organization name:** \_\_\_\_\_

**Organization address:** \_\_\_\_\_

\_\_\_\_\_

**On site contact person:** \_\_\_\_\_

**Event name:** \_\_\_\_\_ **Number of participants/attendees:** \_\_\_\_\_

**School/Building name:** \_\_\_\_\_

**Day(s) of week:** \_\_\_\_\_

**Date(s):** \_\_\_\_\_

**Times requested (including set up and clean up):** \_\_\_\_\_

**Nature of event:** \_\_\_\_\_

**Rooms:** \_\_\_\_\_

**ADDITIONAL INFORMATION**

**Furniture/Equipment Required**

\_\_\_ Chairs                      How many? \_\_\_\_\_

\_\_\_ Tables                      How many? \_\_\_\_\_

\_\_\_ Doors                      Opened at what locations? \_\_\_\_\_

\_\_\_ Rest rooms                Which ones? \_\_\_\_\_

**RENTER'S RESPONSIBILITY**

Supervision of all participants

**REQUIRED PRIOR TO PERMIT BEING FINALIZED: ALL outside groups must provide a copy of own insurance equal to \$1,000,000.00 of coverage.**

**(naming Syracuse City School District as an additional insured)**

Custodian's comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*For Facilities Mgmt. Use Only*

<p><b>Custodian's signature:</b></p> <p>_____</p> <p><b>Principal's (or designee) signature:</b></p> <p>_____</p>	<p><b>Approved:</b> _____</p> <p><b>Disapproved:</b> _____</p> <p><b>No. of Men:</b> _____</p> <p><b>Charge:</b> _____    <b>No Charge:</b> _____</p> <p><b>By:</b> _____        <b>Date:</b> _____</p>
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