



# SYRACUSE CITY SCHOOL DISTRICT

Anthony Q. Davis, 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: Shantell Irvin, sirvin@scsd.us, Building Permits

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

DATE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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? Locker rooms

**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><b>Principal's (or designee) signature:</b> _____</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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