



# SYRACUSE CITY SCHOOL DISTRICT

Pamela J. Odom, Superintendent of Schools

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## 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](mailto: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?

#### 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*

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