



SYRACUSE CITY SCHOOL DISTRICT

Pamela J. Odom, 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?

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

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