



SYRACUSE CITY SCHOOL DISTRICT
Facilities Management Office, 725 Harrison St., Room 300, Syracuse, NY 13210
Phone - 435-4083 Fax - 425-5225

MEMORANDUM

TO: Karen Greer, Building Permits - Facilities Management Office

FROM: _____ **PHONE #** _____

DATE: _____

SUBJECT: BUILDING PERMIT

Name of person in charge of event: _____

ORGANIZATION NAME: _____

ORGANIZATION ADDRESS:

ON SITE CONTACT PERSON:

EVENT NAME: _____

NUMBER OF PARTICIPANTS: _____

SCHOOL/BUILDING NAME: _____

Day(s) of week: _____

Date(s): _____

Time of event: _____

Additional time for set up or clean up/tear down: _____

Custodian(s) needed - yes/no **Number** _____ **Job code** _____

Nature of event: _____

Rooms: _____

ADDITIONAL INFORMATION

Furniture/Equipment Required

- ___ Chairs How many? _____
- ___ Tables How many? _____
- ___ Doors Opened at what locations? _____
- ___ Rest rooms Which ones? _____
- ___ Sound system
- ___ Projector screen
- ___ TV/VCR
- ___ A/C

Renter's Responsibility

Supervision of all participants
Liability insurance (naming Syracuse City School District as an additional insured)
REQUIRED PRIOR TO EVENT DATE

Custodian's comments: _____

For Facilities Mgmt. Use Only

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