



**MIAMI-DADE COUNTY  
 INTERNAL SERVICES DEPARTMENT  
 FACILITIES and UTILITIES MANAGEMENT DIVISION  
 OFFICE of ELEVATOR SAFETY  
 201 West Flagler Street  
 MIAMI, FLORIDA 33130-1510  
 Ph: 305.375.1577 ; Fax: 305.372.6367  
[www.miamidade.gov](http://www.miamidade.gov)**

<b>SECTION 1 – ELEVATOR SERIAL NUMBER</b>					
Serial Number		<b>Note:</b> The serial number must be present or the application will be returned.			
Please check the appropriate box. <b>SECTION 2 – ELEVATOR PERMIT TRANSACTION TYPE</b>					
<input type="checkbox"/> Planned <input type="checkbox"/> Emergency* <input type="checkbox"/> Expedited Application		<input type="checkbox"/> Alteration <input type="checkbox"/> Repair <b>Brief Description of work:</b>			
<b>SECTION 3 – ELEVATOR COMPANY INFORMATION</b>					
Organization Name and CC number				Estimated Completion Date	
Address					
City		County		State	Zip Code
<b>CONTACT INFORMATION</b>					
Contact Name (Qualifier of permitted work and CC number)			Primary Business Phone Number		
Primary E-Mail Address			Alternate Phone Number or Fax Number		
<b>SECTION 4 – ELEVATOR INFORMATION</b>					
Elevator Class: Please check the appropriate box.					
<input type="checkbox"/> 01-Traction Passenger <input type="checkbox"/> 02-Hydraulic Passenger <input type="checkbox"/> 03-Traction Freight <input type="checkbox"/> 04-Hydraulic Freight <input type="checkbox"/> 05-Hand Power Passenger <input type="checkbox"/> 06-Hand Power Freight		<input type="checkbox"/> 07-Moving Walk <input type="checkbox"/> 08-Inclined Lift <input type="checkbox"/> 09-LU/LA (Limited Use / Limited Application) <input type="checkbox"/> 10-Dumbwaiter <input type="checkbox"/> 12-Escalator		<input type="checkbox"/> 14-Sidewalk Elevator <input type="checkbox"/> 15-Material Lift/Dumbwaiter with Automatic Transfer Device <input type="checkbox"/> 16-Special Purpose Personnel Elevator <input type="checkbox"/> 17-Inclined Stairway Chairlift <input type="checkbox"/> 18-Inclined & Vertical Wheelchair Lift	
Manufacturer's Serial Number					
Elevator Number	Capacity	Landings	Travel in Feet	Speed Up	Speed Down
Building Type: Please check one of the following.					
<input type="checkbox"/> C-Commercial (ex. airports, banks, department stores, office buildings) <input type="checkbox"/> CC-Community College <input type="checkbox"/> CD-Condominiums <input type="checkbox"/> CH-Churches <input type="checkbox"/> CI-City Buildings <input type="checkbox"/> CO-County Buildings <input type="checkbox"/> H-Public lodging (hotel, motel)		<input type="checkbox"/> HP-Hospitals (medical centers, nursing homes, adult congregate living facilities, etc) <input type="checkbox"/> I-Industrial (paper mills, power plants, manufacturing) <input type="checkbox"/> R-Food service <input type="checkbox"/> S-Schools (except grades K-12) <input type="checkbox"/> SE-Schools grades K-12 <input type="checkbox"/> ST-State agencies <input type="checkbox"/> U-Universities			

<b>SECTION 5 – BUILDING INFORMATION</b>			
Owner Name (enter real person or corporate name of the building owner and/or property owner of record)			
Building or D/B/A Name (enter Business Name or Doing Business As Name of the building)			
Building Address (enter building address where elevator is located)			
Billing Address (Owner or Manager) for Certificate of Operation			
City, Village, Township	County	State	Zip Code
Folio No.	Manager Phone number		Master Permit No.
<b>SECTION 6 – VARIANCE INFORMATION</b>			
Does the elevator being installed meet the minimum standards of Chapter 30 of the Florida Building Code? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, you are required to contact Miami-Dade County Office of Elevator Safety to have the variance granted. The variance must be approved prior to approval of the install permit.			
<b>SECTION 7 – APPLICANT SIGNATURE</b>			
<b>All Permits are valid for one year from date of issuance (Chapter 61C-5, FAC)</b>			
Authorized Signature of Applicant		Date Signed	
Social Security Number*		Date Submitted	
<p>* Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary unless specifically required by Federal statute. In this instance, disclosure of social security numbers is mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and sections 409.2577, 409.2598, and 559.79, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations.</p>			

<b>SECTION 8 – OFFICE USE ONLY</b>	
Maintenance Status	For Validation Use Only
Maintenance Contract	
Maintenance Company	
Age Installed (note: this is the date the permit to install is approved)	
Approved By	Approval Date
Inspector's Name	

**\* SPECIAL NOTE:** Please note that a request for an emergency repair permit (thus allowing work prior to the actual permit having been issued) will not generally be considered unless the unit is in a hospital, or service elevator in a nursing home, or a single unit serving any building. Expedited permits are for those other projects which are shut down, but they have other alternative means of transportation. You must notify our office or the duty inspector at 305-276-6546 when work is completed.