

MIAMI-DADE COUNTY FACILITIES & INFRASTRUCTURE MANAGEMENT DIVISION OFFICE OF ELEVATOR SAFETY

201 West Flagler Street Miami, Florida 33130-1510 Ph: 305.375.1577 Fax:305.372.6367

For Office	Use Only
Serial #	

Application for Permit to Install an Elevator

SECTION 1 – ELEVATOR COMPANY INFORMATION							
Organization Name (Include State License No.)				Estimated Completion Date			
Address							
City	County			State	Z	Zip Code	
INSTALLER CONTACT INFORMATION							
Contact Name and Qualifier (include CC No.) Primary Business Phone Number							
Primary E-Mail Address	Alternate Phone Number			nber or F	per or Fax Number		
S	ECTION 2 - ELEVA	ATOR INF	FORMATION				
Elevator Class: Please check the approp	riate box.						
□ 01-Traction Passenger □ 07-Moving Walk □ 14-Sidewalk Elevator □ 02-Hydraulic Passenger □ 08-Inclined Lift □ 15-Material Lift/Dumbwaiter with □ 03-Traction Freight □ 09-LU/LA (Limited Use / Automatic Transfer Device □ 04-Hydraulic Freight □ Limited Application) □ 16-Special Purpose Personnel Elevator □ 05-Hand Power Passenger □ 10-Dumbwaiter □ 17-Inclined Stairway Chairlift □ 06-Hand Power Freight □ 12-Escalator □ 18-Inclined & Vertical Wheelchair Lift Manufacturer's Name and Manufacturer ID Number Elevator Number Capacity Landings Travel in Feet Speed Up Speed Down Building Type: Please check one of the following.							
□ C-Commercial (ex. airports, banks, department stores, office buildings) □ HP-Hospitals (medical centers, nursing homes, adult congregate living facilities, etc) □ CC-Community College □ I-Industrial (paper mills, power plants, manufacturing) □ CD-Condominiums □ R-Food service □ CH-Churches □ S-Schools (except grades K-12) □ CI-City Buildings □ SE-Schools grades K-12 □ CO-County Buildings □ ST-State agencies □ H-Public lodging (hotel, motel) □ U-Universities							
SECTION 3 – BUILDING INFORMATION							
Primary Name (enter name of the building owner)							
D/B/A Name (enter Business Name or Doing Business As Name or Name of the building)							
Main Address (enter actual building address)							
City, Village, Township	County	Sta	ate	Zip Code	Э		
Folio No. (req'd)	Ph:			Master F	Permit		

DB/A Name (enter Business Name or Doing Business As Name) (The party responsible for bills and official notices) Main Address (enter mailing address) City, Village, Township County State Zip Code Contact Name Primary Business Phone Number Primary E-Mail Address Alternate Phone Number or Fax Number SECTION 5 - VARIANCE INFORMATION Does the elevator being installed meet the minimum standards of Yes No If no, you are required to contact your local office to have the variance granted. The variance must be approved prior to approval of the install permit. The approved variance must be attached to this form. SECTION 6 - APPLICANT SIGNATURE All Permits are valid for one year from date of Issuance (Chapter 61C-5, FAC) Authorized Signature of Applicant Date Signed Social Security Number* Date Signed Punder 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. SECTION 7 - FEES SUBMITTED SECTION 7 - FEES SUBMITTED SECTION 8 - OFFICE USE ONLY Maintenance Company Maintenance	Primary Name (enter name of the b	building management firm/owner		IIII ORIIIATION	1				
City, Village, Township County State Zip Code Contact Name Primary Business Phone Number Alternate Phone Number or Fax Number SECTION 5 - VARIANCE INFORMATION Does the elevator being installed meet the minimum standards of	D/B/A Name (enter Business Name or Doing Business As Name) (The party responsible for bills and official notices)								
Contact Name	Main Address (enter mailing addres	ss)							
Alternate Phone Number or Fax Number	City, Village, Township	County	State	Zip Code					
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Inspector's Name	Approved By		Approval	Date					
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SECTION 4 – BUILDING MANAGEMENT INFORMATION