



MIAMI-DADE COUNTY
INTERNAL SERVICES DEPARTMENT
FACILITIES and UTILITIES MANAGEMENT DIVISION
OFFICE OF ELEVATOR SAFETY
201 West Flagler Street
MIAMI, FLORIDA 33130-1510
T305.375.1577 F305.372.6367
<http://www.miamidade.gov>

For Office Use Only
Serial #

IS THIS PROJECT BEING INSTALLED PER A17.1 OR IS IT PER A17.7 NOTE: if A17.7 is marked, other forms must be attached

SECTION 1 – ELEVATOR COMPANY INFORMATION					
Organization Name				Estimated Completion Date	
Address					
City	County	State	Zip Code		
INSTALLER CONTACT INFORMATION					
Contact Name			Primary Business Phone Number		
Primary E-Mail Address			Alternate Phone Number or Fax Number		
SECTION 2 – ELEVATOR INFORMATION					
Elevator Class: Please check the appropriate box.					
<input type="checkbox"/> 01-Traction Passenger	<input type="checkbox"/> 07-Moving Walk	<input type="checkbox"/> 14-Sidewalk Elevator			
<input type="checkbox"/> 02-Hydraulic Passenger	<input type="checkbox"/> 08-Inclined Lift	<input type="checkbox"/> 15-Material Lift/Dumbwaiter with Automatic Transfer Device			
<input type="checkbox"/> 03-Traction Freight	<input type="checkbox"/> 09-LU/LA (Limited Use / Limited Application)		<input type="checkbox"/> 16-Special Purpose Personnel Elevator		
<input type="checkbox"/> 04-Hydraulic Freight	<input type="checkbox"/> 10-Dumbwaiter		<input type="checkbox"/> 17-Inclined Stairway Chairlift		
<input type="checkbox"/> 05-Hand Power Passenger	<input type="checkbox"/> 12-Escalator		<input type="checkbox"/> 18-Inclined & Vertical Wheelchair Lift		
<input type="checkbox"/> 06-Hand Power Freight	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.					
<input type="checkbox"/> C-Commercial (ex. airports, banks, department stores, office buildings)	<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"/> CC-Community College	<input type="checkbox"/> R-Food service		<input type="checkbox"/> S-Schools (except grades K-12)		
<input type="checkbox"/> CD-Condominiums	<input type="checkbox"/> SE-Schools grades K-12		<input type="checkbox"/> ST-State agencies		
<input type="checkbox"/> CH-Churches	<input type="checkbox"/> U-Universities				
<input type="checkbox"/> CI-City Buildings					
<input type="checkbox"/> CO-County Buildings					
<input type="checkbox"/> H-Public lodging (hotel, motel)					
SECTION 3 – BUILDING INFORMATION					
Primary Name (enter real person or corporation name of the building owner and/or property owner of record)					
D/B/A Name (enter Business Name or Doing Business As Name, or Name of the building)					
Main Address (enter building address)					
City, Village, Township	County	State	Zip Code		
Folio No.			Master Permit		

SECTION 4 – BUILDING MANAGEMENT INFORMATION			
Primary Name (enter name of the building manager/owner)			
D/B/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 – CODE INFORMATION (Check as applicable)	
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 / A17.1 <input type="checkbox"/> A17.7 <input type="checkbox"/>	
If no to Chapter 30, you are required to contact our office to request a variance be granted. The variance must be approved prior to approval of the install permit. The approved variance must be attached to this form. If A17.7 is selected, see A17.7 application also.	
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
Federal Employer’s Identification Number	Date Submitted
Florida Registered Elevator Contractor Number	Qualifier’s Certificate of Competency number (CEI or CET)

SECTION 7 – FEES SUBMITTED	
Permit to install	
Plans Review	
1 st Year Certificate of Operation	
Expedite fee (if applicable)	
Total Fee submitted for this unit	

SECTION 8 – OFFICE USE ONLY	
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	

Note: A legal Notice of Commencement must be attached to this application.