



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

REQUIRED

Serial #

SECTION 1 – ELEVATOR COMPANY INFORMATION					
Organization Name				Estimated Completion Date	
Address					
City		County		State	Zip Code
DEMOLISHER 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 corporate name of the building or property owner of record)					
D/B/A Name (enter Business Name or Doing Business As Name of the building)					
Main Address (enter building address)					
City, Village, Township		County	State	Zip Code	
Folio No.					Master Demolition 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 – DEMOLITION INFORMATION	
Does the elevator being demolished otherwise allow the building to meet the minimum standards of Chapter 11 and Chapter 30 of the Florida Building Code? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, you are required to contact your Building Official to have the demolition approved. The demolition of equipment must be approved or a variance issued by the Building Official allowing the non-compliance with the State accessibility requirements prior to our issuance of the demolition permit. The approved variance must be attached to this form.	
Demolition of equipment is required to comply with the requirements of the Florida Building Code and must be performed in a manner consistent with and in compliance with the American Society of Mechanical Engineers Safety Code for Elevators and Escalators, A17.1-2000.	
Demolition is permanent, and can not be reversed. A new installation would be required to replace the equipment, once demolished.	
The demolition must be inspected and verified by a Qualified Elevator Inspector, and a report submitted to our office.	

SECTION 6 – APPLICANT-OWNER SIGNATURE	
All Permits are valid for one year from date of issuance (Chapter 61C-5, FAC)	
Authorized Signature of Applicant*	Date Signed
Federal Tax ID number	Date Submitted
* If the applicant is not the registered agent or the owner of record, a notarized Power of Attorney on our form (page three of this application) must be attached to this application.	

SECTION 7 – OFFICE USE ONLY		
Maintenance Status	n/a	For Validation Use Only
Maintenance Company		
Date Installed (note: this is the date the permit to install was issued)		
Approved By	Approval Date	

Inspector's Name

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That the undersigned, \_\_\_\_\_ (hereinafter referred to as the "Principal"), does hereby CONSTITUTE and APPOINT \_\_\_\_\_ (hereinafter referred to as the "Agent"), as his/her true and lawful attorney-in-fact for the Principal, to have power and authority, in the name, place and stead of the Principal, to do any and every act and exercise any and every power that the Principal might or could do for the purpose of executing and delivering on behalf of the Principal such documents and taking such further action as the Agent may deem necessary and appropriate in connection with the request for variance from certain applicable code requirements in connection with the application of a demolition permit of an elevator plant in the building named \_\_\_\_\_ located at \_\_\_\_\_, Miami, Florida, Tax Folio No. \_\_\_\_\_, and giving and granting unto the Agent full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done with respect to the foregoing variance request or demolition permit application, as fully, to all intents and purposes, as the Principal might or could do if personally present, with full power of substitution, hereby ratifying and confirming all that the Agent shall lawfully do or cause to be done by virtue hereof.

IN WITNESS WHEREOF, this Power of Attorney is executed by the undersigned this \_\_\_\_ day of \_\_\_\_\_, 2005.

WITNESSES:

\_\_\_\_\_  
\_\_\_\_\_

COUNTY OF MIAMI-DADE:

: SS

STATE OF FLORIDA :

The foregoing instrument was acknowledged before me as of the \_\_\_\_\_ day of \_\_\_\_\_, 2005, by \_\_\_\_\_, who is personally known to me or who has produced a \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public  
My commission expires