



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
<http://www.miamidade.gov>

For Office Use Only
Serial #

SECTION 1 – ELEVATOR COMPANY INFORMATION					
Organization Name		Registered Elevator Contractor Number		Requested Variance Date	
Address					
City		County		State	Zip Code
INSTALLER CONTACT INFORMATION					
Contact Name and Qualifier (include CC No.)			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		Manufacturer ID Number (if applicable)		Address of Elevator (Actual Building Address)	
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 – PETITIONER INFORMATION					
Primary Name (enter name of the building or property owner of record)					
Petitioner Name (If not the owner, attach a legal Power of Attorney in a form approved by Office of Elevator Safety)					
Main Mailing Address (enter owner or petitioner official address)					
City, Village, Township		County	State	Zip Code	
Folio No. (req'd)		Ph:	Master Permit		

SECTION 4 – SPECIFIC VARIANCE INFORMATION			
Enter type of variance requested <small>(Permanent or Temporary)</small>		Stage of Building Design (50%, 100%)	Under construction? (Y/N)
List reason for hardship (you are required to attach a <u>detailed</u> justification, listing specific issues)			
Which A17.1, NEC or Florida Building Code rules are being requested for a variance? You are required to attach a written argument giving specific details of equivalent compliance.			
Other installations where approved.	Is this a new product?	In production? Y N	List of AHJ where also approved
Contact Name for technical questions		Primary Business Phone Number	
Primary E-Mail Address		Alternate Phone Number or Fax Number	

SECTION 5 – VARIANCE INFORMATION	
Does the elevator being installed otherwise meet the minimum standards of Chapter 30 of the Florida Building Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No
you are required to list in detail, each rule which is varied, and the detailed means of equivalent compliance. The variance request must be approved prior to approval of the install permit. The variance request must be attached to this form.	
SECTION 6 – APPLICANT SIGNATURE	
All Variances are valid for the period indicated (Chapter 61C-5, FAC) and must be permanently (except for temporary variances) affixed to the unit.	
Authorized Signature of Applicant	Date Signed
Social Security Number* (or Federal Tax ID for corporate applications)	Date Submitted
* 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.	

SECTION 7 – VARIANCE CHECKLIST	
Full set of architects drawings.	
Elevator layout	
Detailed explanation of variance request	
Laboratory test results of variance products.	
Installation, inspection, maintenance manuals.	

SECTION 8 – OFFICE USE ONLY	
Variance received	For Validation Use Only
Information completed	
Variance reviewed	
Results of committee review of variance.	
Approved By	Approval Date
Inspector's Name	

NOTE: For permanent variances, a Metal Tag bearing the engraved variance number must be permanently attached to the controller, adjacent to the code data tag.

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 installation 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, 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 _____, _____.

Signature

Printed Name

WITNESSES:

COUNTY OF MIAMI-DADE:

: SS

STATE OF FLORIDA :

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

Notary Public
My commission expires