



**MIAMI-DADE COUNTY  
GENERAL SERVICES ADMINISTRATION  
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/gsa/elevatormain.asp>

<b>For Office Use Only</b>
Serial #

SECTION 1 – ELEVATOR COMPANY INFORMATION					
Organization Name (Include State License No.)				Estimated Completion 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 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 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	State	Zip Code		
Folio No. (req'd)	Ph:		Master Permit		

SECTION 4 – BUILDING MANAGEMENT INFORMATION			
Primary Name (enter name of the building management firm/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 – VARIANCE INFORMATION	
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 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	
<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
<small>* 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.</small>	

SECTION 7 – FEES SUBMITTED	
Permit to install	
Plans Review	
1 <sup>st</sup> 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	