



Application for Permit to Alter or Repair an Elevator

SECTION 1 – ELEVATOR SERIAL NUMBER					
Serial Number		Note: The serial number must be present or the application will be returned.			
Please check the appropriate box. SECTION 2 – ELEVATOR PERMIT TRANSACTION TYPE					
☐ Planned ☐ Emergency* ☐ Alteration ☐ Repair Brief Description of work:					
☐ Expedited Application					
SECTION 3 – ELEVATOR COMPANY INFORMATION					
Organization Name and CC number				Estimated Completion Date	
Address					
City		County		State	Zip Code
CONTACT INFORMATION					
Contact Name (Qualifier of permitted work and CC number)			Primary Business Phone Number		
Primary E-Mail Address			Alternate Phone Number or Fax Number		
SECTION 4 – ELEVATOR INFORMATION					
Elevator Class: Please check the appropriate box.					
☐ 01-Traction Passenger		☐ 07-Moving Walk		☐ 14-Sidewalk Elevator	
☐ 02-Hydraulic Passenger		☐ 08-Inclined Lift		☐ 15-Material Lift/Dumbwaiter with Automatic Transfer Device	
☐ 03-Traction Freight		☐ 09-LU/LA (Limited Use / Limited Application)		☐ 16-Special Purpose Personnel Elevator	
☐ 04-Hydraulic Freight		☐ 10-Dumbwaiter		☐ 17-Inclined Stairway Chairlift	
☐ 05-Hand Power Passenger		☐ 12-Escalator		☐ 18-Inclined & Vertical Wheelchair Lift	
☐ 06-Hand Power Freight					
Manufacturer's Serial 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 5 – BUILDING INFORMATION

Owner Name (enter real person or corporate name of the building owner and/or property owner of record)

Building or D/B/A Name (enter Business Name or Doing Business As Name of the building)

Building Address (enter building address where elevator is located)

Billing Address (Owner or Manager) for Certificate of Operation

City, Village, Township

County

State

Zip Code

Folio No.

Manager Phone number

Master Permit No.

SECTION 6 – VARIANCE INFORMATIONDoes the elevator being installed meet the minimum standards of Chapter 30 of the Florida Building Code? ☐ Yes ☐ No

If no, you are required to contact Miami-Dade County Office of Elevator Safety to have the variance granted. The variance must be approved prior to approval of the install permit.

SECTION 7 – 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 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 8 – OFFICE USE ONLY

Maintenance Status

Maintenance Contract

Maintenance Company

Age Installed (note: this is the date the permit to install is approved)

For Validation Use Only

Approved By

Approval Date

Inspector's Name

***SPECIAL NOTE:** Please note that a request for an emergency repair permit (thus allowing work prior to the actual permit having been issued) will not generally be considered unless the unit is in a hospital, or service elevator in a nursing home, or a single unit serving any building. Expedited permits are for those other projects which are shut down, but they have other alternative means of transportation. You must notify our office or the duty inspector at 305-276-6546 when work is completed.