Miami-Dade County Department of Regulatory and Economic Resources
Office Of Elevator Safety
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For Office Use Only
Serial #

Application for Permit to Install an Elevator

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.

- ☐ 01-Traction Passenger
- ☐ 02-Hydraulic Passenger
- ☐ 03-Traction Freight
- ☐ 04-Hydraulic Freight
- ☐ 05-Hand Power Passenger
- ☐ 06-Hand Power Freight
- ☐ 07-Moving Walk
- ☐ 08-Inclined Lift
- ☐ 09-LU/LA (Limited Use / Limited Application)
- ☐ 10-Dumbwaiter
- ☐ 12-Escalator
- ☐ 14-Sidewalk Elevator
- ☐ 15-Material Lift/Dumbwaiter with Automatic Transfer Device
- ☐ 16-Special Purpose Personnel Elevator
- ☐ 17-Inclined Stairway Chairlift
- ☐ 18-Inclined & Vertical Wheelchair Lift

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.

- ☐ C-Commercial (ex. airports, banks, department stores, office buildings)
- ☐ CC-Community College
- ☐ CD-Condominiums
- ☐ CH-Churches
- ☐ CI-City Buildings
- ☐ CO-County Buildings
- ☐ H-Public lodging (hotel, motel)
- ☐ HP-Hospitals (medical centers, nursing homes, adult congregate living facilities, etc)
- ☐ I-Industrial (paper mills, power plants, manufacturing)
- ☐ R-Food service
- ☐ S-Schools (except grades K-12)
- ☐ SE-Schools grades K-12
- ☐ ST-State agencies
- ☐ U-Universities

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?	☐ Yes ☐ 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	
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 7 – FEES SUBMITTED	
Permit to install	
Plans Review	
1st 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		