



Environmental Protection and Growth Management Department

**BUILDING CODE SERVICES DIVISION**

1 North University Drive, Box #302 • Plantation, Florida 33324 • 954-765-4508 • Broward.org/Building

**Elevator Permit Application**

<b>Elevator Information</b>			
BCID #	Estimated Job Value <i>(Required)</i>		
<b>Building Type</b> <input type="checkbox"/> Residential <input type="checkbox"/> Commercial  <b>Type of Work</b> <input type="checkbox"/> Alteration-major <input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Cab Refinish <input type="checkbox"/> Alteration - cab			
<b>Detail Description</b>			
<b>Type of Elevator</b> <input type="checkbox"/> Traction <input type="checkbox"/> Hydraulic <input type="checkbox"/> Escalator <input type="checkbox"/> LULA <input type="checkbox"/> Moving Walk  <input type="checkbox"/> Dumbwaiter <input type="checkbox"/> Wheelchair Lift <input type="checkbox"/> Machine-Room-Less  <input type="checkbox"/> Other: _____			
<b>Proposed Use</b> <input type="checkbox"/> Passenger <input type="checkbox"/> Freight			
<b>Number of</b>	Stories:	Landings:	Capacity:
Travel in Feet _____			
<b>Building Use</b> <input type="checkbox"/> Resid - Condo <input type="checkbox"/> Resid - Coop <input type="checkbox"/> Resid – Multi-family <input type="checkbox"/> Resid – Private Hospital  <input type="checkbox"/> Other: _____			
<b>Building Name</b>			
Address		City	State    Zip
<b>Owner Name</b>			
Address		City	State    Zip
Phone	Email		
<b>Elevator Company</b>			
Address		City	State    Zip
Phone	Email		

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit, that the plans meet all applicable elevator safety and building codes and that all work will be performed to meet the standards of all laws regulating construction in Broward County, Florida.

"NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies or federal agencies."

**WARNING TO OWNER AND/OR C.C. HOLDER FOR \_\_\_\_\_ ELEVATOR COMPANY: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. (F.S. 713.23)**

**Certificate of Competency Holder**

\_\_\_\_\_  
State Certified Elevator Contractor Qualifier's Signature

\_\_\_\_\_  
State Certificate of Competency No.

\_\_\_\_\_  
Print Name of Qualifier

\_\_\_\_\_  
Date

**NOTARY PUBLIC**

**STATE OF FLORIDA  
COUNTY OF BROWARD**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_  
*name of person acknowledging*

\_\_\_\_\_  
*Signature of Notary Public-State of Florida*

*(NOTARY SEAL)*

\_\_\_\_\_  
*Print, Type or Stamp Commissioned Name of Notary Public*

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_