



Environmental Protection and Growth Management Department

BUILDING CODE SERVICES DIVISION | ELEVATOR PERMITTING

2307 West Broward Boulevard, Suite 300 • Fort Lauderdale, Florida 33312 • 954-765-4400 Option #4 • Fax: 954-765-4785 • elevators@broward.org

Elevator Permit Application

Elevator Information			
BCID #	Estimated Job Value <i>(Required)</i>		
<p>Building Type <input type="checkbox"/> Residential <input type="checkbox"/> Commercial</p> <p>Type of Work <input type="checkbox"/> Alteration-major <input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Cab Refinish <input type="checkbox"/> Alteration - cab</p>			
Detail Description			
<p>Type of Elevator <input type="checkbox"/> Traction <input type="checkbox"/> Hydraulic <input type="checkbox"/> Escalator <input type="checkbox"/> LULA <input type="checkbox"/> Moving Walk</p> <p style="padding-left: 40px;"><input type="checkbox"/> Dumbwaiter <input type="checkbox"/> Wheelchair Lift <input type="checkbox"/> Machine-Room-Less</p> <p style="padding-left: 100px;"><input type="checkbox"/> Other: _____</p> <p>Proposed Use <input type="checkbox"/> Passenger <input type="checkbox"/> Freight</p>			
Number of	Stories:	Landings:	Capacity:
<p>Travel in Feet _____</p> <p>Building Use <input type="checkbox"/> Resid - Condo <input type="checkbox"/> Resid - Coop <input type="checkbox"/> Resid – Multi-family <input type="checkbox"/> Resid – Private Hospital</p> <p style="padding-left: 100px;"><input type="checkbox"/> Other: _____</p>			
Building Name			
Address		City	State Zip
Owner Name			
Address		City	State Zip
Phone	Email		
Elevator Company			
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

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.

(NOTARY SEAL)

Signature of Notary Public-State of Florida

Print, Type or Stamp Commissioned Name of Notary Public

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____