



Resilient Environment Department

BUILDING CODE DIVISION | ELEVATOR PERMITTING

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

**APPLICATION INFORMATION FOR
ELEVATOR/ELEVATING DEVICE PERMITS**

(Emergency permits are issued on a case-by-case basis)

1. For New Elevating Devices (*Temporary permits are issued only for construction use during a new installation and must be renewed monthly.*)

- A Licensed Elevator Contractor must submit an elevator permit application and all fees must be paid.
- Completed and notarized Broward County Building Code Division Elevator Permit Application. **Please note for buildings that will be occupied with more than one Property Owner, the Parcel Identification Number is not required.** However, a copy of the current "Florida Not for Profit Corporation Annual Report" provided by the State of Florida Secretary of State must be submitted for the current Registered Agent for the property with the permit package. See below example provided by [Florida Division of Corporations Sunbiz.org](http://FloridaDivisionofCorporationsSunbiz.org):

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#

Entity Name.
INC.

Current Principal Place of Business:

FILED
Mar 23, 2021
Secretary of State

- One (1) set of design plans
- Proof of current General Liability and Workers Compensation/Exemption must be submitted upon issuance of the permit
 - "Broward County Building Code Division" must be referenced as the Certificate Holder on the Certificate of Insurance:
Broward County Building Code Division
2307 West Broward Blvd., Suite 300
Fort Lauderdale, FL 33312
 - Copy of current Certificate of Competency
 - Recorded Notice of Commencement (submitted with permit package or upon receipt of approved permit). Please contact records@broward.org

2. Once the installation is complete, you must contact us to schedule an inspection.

3. Once approved, a Certificate of Operation is issued.

4. For Alterations to Existing Devices:

- A Licensed Elevator Contractor must submit an elevator permit application and all fees

must be paid.

- A completed and notarized Broward County Building Code Division Elevator Permit application
- One set of the scope of work must be submitted
- Proof of current General Liability and Workers Compensation/Exemption must be submitted upon issuance of the permit
 - "Broward County Building Code Division" must be referenced as the Certificate Holder on the Certificate of Insurance:

**Broward County Building Code Division
2307 West Broward Blvd., Suite 300
Fort Lauderdale, FL 33312**

- Once the modifications are complete, you must contact us to schedule an inspection. Once approved, a Certificate of Operation is issued.
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5. For Demolished or Removal of Elevating Devices:

- A licensed Elevator Contractor must submit an elevator permit application and all fees must be paid.
- A completed and notarized Broward County Building Code Division Elevator Permit must be pulled to remove elevating device(s) within buildings that will be demolished or for the removal of an elevating device.
- Proof of current General Liability and Workers Compensation/Exemption must be submitted upon issuance of the permit
 - "Broward County Building Code Division" must be referenced as the Certificate Holder on the Certificate of Insurance:

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Common Repairs Permit List

The following is a list of commonly permitted repairs/replacements not deemed as major alterations to be issued and charged as Repair Permits.

- **Controllers** w/o any change in motion/operation control, fire fighters' operation, ascending car overspeed and unintended car movement protection, or addition of door monitoring system (DLM). See ASME A17.1, 8.6.3.7 and 8.7.2.27
- **Ropes, suspension** w/o any change to the material, grade, number or size. See ASME A17.1, 8.6.3.2 and 8.7.2.21
- **Ropes, governor** w/o any change in the material or construction than specified by the governor manufacturer. See ASME A17.1, 8.6.3.4 and 8.7.2.19
- **Speed Governors** w/o any change to the type of governor. See ASME A17.1, 8.6.3.6 and 8.7.2.19
- **Brakes and Brake Pads** w/o any change to the type of brake. See ASME A17.1, 8.6.4.20.4 and 8.6.4.20.11
- **Electric Motors** w/o any change to the type of motor. See ASME A17.1, 2.8.2.1
- ***Hydraulic Valves** w/o any change to the piping, the type (model), or change to the electrical interface to connect the valve. See ASME A17.1, 8.6.3.11 and 8.7.3.24
- ***Hydraulic Jack, Plunger, Cylinder and Tank** replacement. See ASME A17.1, 8.6.3.10 and 8.7.3.23
- ****Hydraulic Pressure Pipe** (oil line) replacement. See ASME A17.1, 8.6.3.11 and 8.7.3.24
- **Door Reopening Device** w/o any change to the type of device. See ASME A17.1, 8.6.3.8 and 8.7.2.13
- **Door Operator** w/o any change to the power opening or closing operation of the doors. See ASME A17.1, 8.7.2.12
- **Hoistway Doors** w/o any change to the hoistway entrances, frames, landing sills, hanging tracks and supports. See ASME A17.1, 8.6.3.7.2 and 8.7.2.11.2
- **Car Enclosures, Car Doors and Platforms** w/o change to the car frame or platform nor more than 5% change to the sum of the deadweight plus the rated load as originally designed. See ASME A17.1, 8.6.3.15 and 8.7.2.14 and 8.7.2.15.2
- **Buffers** and pit channels w/o any change to oil buffers. See ASME A17.1, 8.6.4.4 and 8.7.2.23
- **Escalator and Moving Walk Handrails, Steps or Pallets, Step or Pallets Chains, and Skirt Panels** w/o any change to the trusses. See ASME A17.1, 8.7.6
- **Residential Elevators, LULA Elevators, Dumbwaiters, and Wheelchair Lifts** are all to be issued Repair Permits and charged repair permit fees.

Common Repairs Permit List

NOTES:

* A hydraulic machine is a tank with valves, pump and motor and is likely to be listed as a pumping unit or words to that effect. This is an alteration – major. It requires change to the piping. See ASME A17.1, 8.6.3.11 and 8.7.3.24

**Replacement of hydraulic pressure pipe is likely to be listed as oil line. If pressure piping is replaced with installation of a pipe rupture valve or replacement of a hydraulic control valve, this is an alteration - major. See ASME A17.1, 8.6.3.11 and 8.7.3.24



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Elevator Permit Application

Elevator Information					
BCID #			Estimated Job Value <i>(Required)</i>		
Detailed scope of work must be attached to the company letterhead for alterations and repairs.					
Please check the appropriate box:					
<input type="checkbox"/> New Installation <input type="checkbox"/> Alteration <input type="checkbox"/> Repair/Replacement <input type="checkbox"/> Refinish Cab <input type="checkbox"/> Demolition/Decommission					
Detail Work Description:					
Elevator Class: Please check the appropriate box. <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Traction Passenger</div> <div style="width: 33%;"><input type="checkbox"/> Moving Walk</div> <div style="width: 33%;"><input type="checkbox"/> Hydraulic Passenger</div> <div style="width: 33%;"><input type="checkbox"/> LU/LA (Limited Use / Limited Application)</div> <div style="width: 33%;"><input type="checkbox"/> Special Purpose Personnel Elevator</div> <div style="width: 33%;"><input type="checkbox"/> Traction Freight – Class A, B, C</div> <div style="width: 33%;"><input type="checkbox"/> Hydraulic Freight – Class A, B, C</div> <div style="width: 33%;"><input type="checkbox"/> Residential Single Family</div> <div style="width: 33%;"><input type="checkbox"/> Dumbwaiter</div> <div style="width: 33%;"><input type="checkbox"/> Escalator</div> <div style="width: 33%;"><input type="checkbox"/> Inclined Stairway Chairlift</div> <div style="width: 33%;"><input type="checkbox"/> Inclined & Vertical Wheelchair Lift</div> </div>					
Manufacturer's Number <i>(required for new installations)</i>	Capacity in Pounds	Landings	Travel in Feet	Speed Up	Speed Down
Building Type: Please check the building type that best describes the primary use. <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> C-Commercial (ex. airports, banks, department stores, office buildings) <input type="checkbox"/> CC-Community College <input type="checkbox"/> CD-Condominiums <input type="checkbox"/> CH-Churches <input type="checkbox"/> CI-City Buildings <input type="checkbox"/> CO-County Buildings <input type="checkbox"/> H-Public lodging (hotel, motel, apartment) </div> <div style="width: 50%;"> <input type="checkbox"/> HP-Hospitals (medical centers, nursing homes, adult congregate living facilities, etc) <input type="checkbox"/> I-Industrial (papermills, power plants, manufacturing) <input type="checkbox"/> PR-Private Single-Family Residence <input type="checkbox"/> R-Food service <input type="checkbox"/> S-Schools (except grades K-12) <input type="checkbox"/> SE-Schools grades K-12 <input type="checkbox"/> ST-State agencies <input type="checkbox"/> U-Universities </div> </div>					
Building Name			Parcel ID Number		
Address			City	State	Zip
Property Owner Name					
Address			City	State	Zip
Phone		Email			
Registered 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 or removal 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 PROPERTY OWNER AND/OR C.C. HOLDER
FOR _____ REGISTERED ELEVATOR COMPANY: YOUR FAILURE TO
RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU 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)**

Registered Elevator Company:

State Registered Elevator Company License Number

Print Name of Authorized Agent/Company Officer

Signature of Authorized Agent or Company Officer

Certificate of Competency Holder:

State Certified Elevator Contractor Qualifier Signature

Print Name of Qualifier

State Certificate of Competency No.

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 _____