



ELEVATOR PERMIT APPLICATION

BCID # _____

Environmental Protection and Growth Management Department
PERMITTING, LICENSING AND CONSUMER PROTECTION DIVISION
1 N. University Drive • Plantation, Florida 33324 • www.broward.org/building

Estimated Job Value _____
Required

Building Type: [] Residential [] Commercial

Type of Work: [] Alteration-major [] New [] Repair [] Cab Refinish [] Alteration - cab

Detail Description: _____

Type of Elevator: [] Traction [] Hydraulic [] Escalator [] LULA
[] Moving Walk [] Dumbwaiter [] Machine-Room-Less [] Wheelchair Lift
[] Other _____

Proposed Use: [] Passenger [] Freight

Number of: Stories _____ Landings _____ Capacity _____

Building Height: _____

Building Use: [] Resid - Condo. [] Resid - Coop. [] Resid - Multi-family
[] Resid - Private hospital [] Other: _____

Building Name: _____

Address: _____

City: _____ ZIP Code: _____

Owner's Name: _____

Address: _____

City: _____ ZIP Code: _____ Phone: _____

Elevator Company _____

Address: _____

City: _____ ZIP Code: _____ Phone: _____

Email: _____ Alternate #: _____

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 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

Print Name Of Qualifier

State Certificate of Competency No. _____

Date _____

NOTARY PUBLIC SIGNATURE

My Commission Expires _____