

**DBPR HR-7015 - APPLICATION FOR
PERMIT TO INSTALL, ALTER OR RELOCATE AN ELEVATOR
AND CERTIFICATE OF OPERATION**

Thank you for your permit application! The Department of Business and Professional Regulation's Bureau of Elevator Safety is ready to assist you through the licensing and regulatory process.

Our responsibility is to work with the business community to achieve the highest levels of health and safety for all Floridians and more than 50 million annual visitors. Toward that goal, we are a resource you can use to assure that the permit process meets the requirements of the law.

This packet contains information regarding the legal requirements for your permit. It is very important that you familiarize yourself with this information before you begin construction. If you have questions, or need any clarification, please contact the DBPR Customer Contact Center at 850.487.1395 Monday through Friday between 8AM and 6PM or go online to www.MyFloridaLicense.com/dbpr/hr. Because our knowledge and authority are in state government requirements, it is very important that you also contact local officials regarding any city and county requirements to register this activity.

APPLICATION REQUIREMENTS

- Complete form DBPR HR-7015, Application for Permit to Install, Alter or Relocate an Elevator and Certificate of Operation in its entirety.
- Complete form DBPR HR-7023, Affidavit of Elevator Plans Code Compliance, stating that the plans and drawings are in accordance with applicable laws.
- Pay fee. Please make one payment per application with the check payable to the Department of Business and Professional Regulation. The fees are:
 - Permit to Install – \$325 (\$250 permit fee + \$75 certification of operation fee)
 - Permit to Alter – \$200
 - Permit to Relocate – \$325 (\$250 permit fee + \$75 certification of operation fee)
- Submit one permit application and one affidavit for each elevator. Do not submit plans or drawings.

Please send your completed application, affidavit and required fee to:

Department of Business and Professional Regulation
Bureau of Elevator Safety
1940 North Monroe Street
Tallahassee, FL 32399-0783

Please use the entire 9-digit zip code in the address above to ensure proper handling.

www.MyFloridaLicense.com/dbpr/hr

STATE OF FLORIDA, DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
Division of Hotels and Restaurants, Bureau of Elevator Safety
1940 North Monroe Street, Tallahassee, FL 32399-0783

Phone: 850.487.1395 – Email: dhrr.elevators@dbpr.state.fl.us
 Internet: www.MyFloridaLicense.com/dbpr/hr

Please direct questions about this application to the Department of Business and Professional Regulation's Customer Contact Center at 850.487.1395. More information is also available at www.MyFloridaLicense.com/dbpr/hr/.

Section 1 – Elevator Permit Transaction Type (Client Code 2101)

Please check the appropriate box Installation (1030) Alteration (3020) Relocation (1030)

Estimated date of completion

Current License Number

REQUIRED FOR ALTERATION PERMITS: Must be included or the application will be returned.

Scope of Work – describe briefly the work to be done:

Section 2 – Building Information

Building Name

D/B/A Name (enter Business Name or Doing Business As (DBA) Name of the building)

Building Address (enter complete US Postal Service physical street number and name for the permit to be approved)

City	County	State	Zip Code
------	--------	-------	----------

Building Contact Name	Primary Business Phone Number
-----------------------	-------------------------------

Primary E-Mail Address (Optional)	Alternate Phone Number or Fax Number (Optional)
-----------------------------------	---

Section 3 – Elevator Information

Elevator Class: Please check the appropriate box.

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

Manufacturer's Number

Elevator Number	Capacity	Landings	Travel in Feet	Speed Up	Speed Down
-----------------	----------	----------	----------------	----------	------------

Building Type: Please check the building type that best describes the primary use.

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

Section 4 – Elevator Service Maintenance Company

Organization/Company Name		Effective Date to Expiration Date	
		to	
Elevator Service Contact (Person)		Telephone	REC License Number
City	County	State	Zip Code

Section 5 – Registered Elevator Company (REC) Information (Company performing the work covered by this permit)

Organization/Company Name			REC License Number
Address			
City	County	State	Zip Code
Elevator Company Contact Name		Primary Business Phone Number	
Primary E-Mail Address (Optional)		Alternate Phone Number or Fax Number (Optional)	

Section 6 – Elevator Owner Information (Client Code 2105, Transaction 1030)

Owner Name (please check one: Corporation Partnership Individual)

D/B/A Name (enter Business Name or Doing Business As Name of the building)

Building Address (enter complete US Postal Service physical street number and name for the permit to be approved)

City	County	State	Zip Code
Owner Contact Name		Primary Business Phone Number	
Primary E-Mail Address (Optional)		Alternate Phone Number or Fax Number (Optional)	

Section 7 – Variance Information

Does the elevator meet the minimum standards of Chapter 30 of the Florida Building Code? Yes No

If no, you are required to contact Tallahassee office to have the variance granted. The variance must be approved prior to approval of the permit. Enter variance number, if applicable:

Section 8 – Applicant Signature

<p>Pursuant to Sections 399.03 and 399.07, Florida Statutes, the undersigned hereby applies for a permit to install, alter or relocate an elevator in the building located at the address indicated. I understand that I must attach DBPR HR-7023 Affidavit of Elevator Code Compliance stating that the plans and drawings are in accordance with the minimum code requirements. All construction relating to the elevator installation must comply with the Florida elevator codes.</p> <p>I, or a representative of the permitholder, will notify the division of the scheduled initial acceptance inspection and will forward an initial inspection to the department when construction is complete and prior to public use. I understand a temporary certificate of operation will be issued upon completion of a satisfactory inspection with no cited violations and will be valid until receipt of the original certificate of operation or up to 60 days, whichever occurs first.</p>	<p>I have included the appropriate fee as marked below:</p> <p><input type="checkbox"/> Install - \$325</p> <p><input type="checkbox"/> Alteration - \$200</p> <p><input type="checkbox"/> Relocation - \$325</p>
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.

NOTE: Every permit issued becomes invalid unless the work authorized by such permit is commenced within 6 months after issuance, or if the work authorized by such permit is suspended or abandoned for a period of 60 days after the time the work is commenced. (Rule 61C-5.006(1), Florida Administrative Code)