



Minneapolis One Stop

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For Office Use Only

T#	
\$	
PERMIT#	

ELEVATOR APPLICATION

TISH _____

MAC _____

JOB ADDRESS

BLDG NAME (IF KNOWN):	BLDG #:	STREET NAME:	STREET DIR:
OWNER / OCCUPANT NAME:		OWNER / OCCUPANT PHONE:	
TYPE OF WORK TO BE DONE: <input type="checkbox"/> CONST <input type="checkbox"/> INSTALL <input type="checkbox"/> REPLACE <input type="checkbox"/> ALTER <input type="checkbox"/> REPAIR		VALUE OF WORK \$	
Permit fee is 1.5% of the value of work plus the Minnesota state surcharge State surcharge = 0.0005 times the value of the work (\$0.50 minimum)		PERMIT FEE \$	

<input type="checkbox"/> Passenger Elevator	<input type="checkbox"/> Escalator	<input type="checkbox"/> Dumbwaiter	MINNEAPOLIS ELEVATOR ID NUMBER
<input type="checkbox"/> Freight Elevator	<input type="checkbox"/> Moving Walk	<input type="checkbox"/> Manlift	
<input type="checkbox"/> Residential Elevator	<input type="checkbox"/> Wheelchair Lift	<input type="checkbox"/> VRC	

ALTERATION / REPAIR

DESCRIBE NATURE OF ALTERATIONS OR REPAIRS:

NEW INSTALLATION

EQUIPMENT DATA:

Capacity (lbs.)	
Speed (ft / min)	
Platform Dimensions	X
Car inside net area	
Safety Type (A, B, C, or broken)	
Machine Type	
Control Type	
Hoist Ropes (#)	
Host Rope Diameter (in.)	
HOISTWAY / BUILDING DATA:	
Number of Stories	
Number of Landings	

ADDITIONAL INFORMATION

I hereby certify that all information provided in this application form and any other information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comply with all applicable State and local laws and regulations in performing the work for which this permit is issued, and that I possess all contractor and personal licenses and certificates of competency, if any, that are required for lawful performance of the work described in this permit. I understand that the issuance of this permit does not imply or authorize the granting of any such license or certificate of competency, nor the issuance of any business or professional license.

SIGNATURE: _____ DATE: _____

COMPANY NAME:		CONTRACTOR LICENSE #:	
COMPANY ADDRESS:		CONTACT PERSON:	
CITY:	STATE:	ZIP:	CONTACT PHONE:

MAKE CHECKS PAYABLE TO: **MINNEAPOLIS FINANCE DEPARTMENT**, OR CHARGE TO

<input type="checkbox"/> MASTER CARD	<input type="checkbox"/> VISA	<input type="checkbox"/> AMEX	ACCOUNT #	EXP DATE: Mo ____ YR ____
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