

**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 or go online to www.MyFloridaLicense.com/DBPR/elevator-safety/. 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 certificate of operation fee)
 - Permit to Alter – \$200
 - Permit to Relocate – \$325 (\$250 permit fee + \$75 certificate 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
2601 Blair Stone Road
Tallahassee, FL 32399-0783

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

www.MyFloridaLicense.com/DBPR/elevator-safety/

DBPR HR-7015 – Application for Permit to Install, Alter or Relocate an Elevator and Certificate of Operation

STATE OF FLORIDA, DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Division of Hotels and Restaurants, Bureau of Elevator Safety

2601 Blair Stone Road, Tallahassee, FL 32399-0783

Phone: 850.487.1395 – Email: www.MyFloridaLicense.com/contactus/

Internet: www.MyFloridalicense.com/DBPR/elevator-safety/

Please direct questions about this application to the Department of Business and Professional Regulation's Customer Contact Center at 850.487.1395.

Section 1 – Elevator Permit Type (Client Code 2101)

Please check the appropriate box and include the appropriate fee:

Installation (1030) - \$325

Alteration (3020) - \$200

Relocation (1030) - \$325

Estimated date of completion

For Installations ONLY: Is this installation replacing a current or previously licensed elevator?

Yes (provide license number below)

No

Elevator License Number

REQUIRED FOR ALTERATION PERMITS & INSTALLATIONS REPLACING EXISTING ELEVATORS. Must be included or the application will be returned.

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

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

If no, a variance must be approved prior to approving the permit. Enter variance number, if applicable:

Section 2 – Elevator Owner Information (MA)

Note: This address will be designated as the "address of record" for the party responsible for licensing and operation of this elevator.

Owner Name (please check one: Corporation Partnership Individual)

Street Address or Post Office Box (US Postal Service mailing address)

City	Florida County	State	Zip Code (+4 optional)
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Country

Primary E-Mail Address (Optional)

Primary Business Phone Number

Section 3 – Building Location Information (LL)

Note: This address will be designated as the physical location address for this elevator.

Building Name (DBA) Elevator Nickname (DBA) (e.g. #1, Bldg A, Atrium, etc.)

Building Address (Enter complete US Postal Service physical street name and number for the building location)

City	Florida County	State	Zip Code (+4 optional)
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E-Mail Address (Optional)

Primary Business Phone Number

Section 4 – License Mailing Information (LM)

Note: This address will be used by the department for all mailings to the elevator owner, including the certificate of operation and license renewal notices.

Routing Name (e.g., Management Company, contact name)

Street Address or Post Office Box (US Postal Service mailing address)

City	Florida County	State	Zip Code (+4 optional)
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Country

E-Mail Address (Optional)

Primary Business Phone Number



Section 5 – 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 | <input type="checkbox"/> 13-Hand Elevator | <input type="checkbox"/> 19-Rack and Pinion / Screw Column |

Manufacturer's Number	Capacity in Pounds	Landings	Travel in Feet	Speed Up	Speed Down
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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 6 – Registered Elevator Company (REC) (Company performing the work covered by this permit)

Note: The permit will be mailed to the mailing address on file for the REC listed in this section.

REC Name		REC License Number
Elevator Company Contact Name	Primary Business Phone Number	
Primary E-Mail Address (Optional)	Alternate Phone Number (Optional)	

Section 7 – Applicant Signature

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 Plans 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.
- 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.

SECTION 559.79(2), Florida Statutes: Each application for a license or renewal of a license issued by the Department of Business and Professional Regulation shall be signed under oath or affirmation by the applicant, or owner or chief executive of the applicant without the need for witnesses unless otherwise required by law.

I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. **I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the permit.**

Name of Authorized Applicant	Social Security Number*
Signature of Authorized Applicant	Date

* 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)

DBPR HR-7023 – Affidavit of Elevator Plans Code Compliance

STATE OF FLORIDA, DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
Division of Hotels and Restaurants, Bureau of Elevator Safety
2601 Blair Stone Road, Tallahassee, FL 32399-0783

Phone: 850.487.1395 – Email: dh.elevators@myfloridalicense.com
Internet: www.MyFloridalicense.com/DBPR/elevator-safety/

Please direct questions about this affidavit to the Department of Business and Professional Regulation's Customer Contact Center at 850.487.1395.

Affidavit of Elevator Plans Code Compliance

I, _____, acting as agent of the below named registered elevator company, do hereby attest that the plans for elevator installation and/or modification to be located at (insert the complete US Postal Service physical street number and name for the permit to be approved):

_____ meet or exceed the minimum standards of Chapter 399, Florida Statutes, Chapter 61C-5, Florida Administrative Code (FAC), and Chapter 30 of the Florida Building Code adopted by Rule 61G20-1.001, FAC, or variance granted thereto.

For elevators complying with ASME A17.7:

Please check here ____ and provide with this affidavit a copy of the Certificate of Conformance for each component that complies with ASME A17.7.

A copy of the Certificate of Conformance and Certificate of Conformance Report must be posted in the machine room and available for review by elevator personnel at all times.

Registered Elevator Company _____
Certificate of Competency # OR Certified Elevator Inspector # _____
and Expiration Date _____
Signature of Agent _____
Printed Name _____
Date _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20__ , by _____, who is personally known to me or who has produced _____ as identification and who has taken an oath.

Notary Public, State of Florida

Printed Name
Commission Number:
My Commission Expires:

Complete this affidavit and submit it with the application and required fee to the address on this form. Please use the entire 9-digit zip code in the address above to ensure proper handling.

