

**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/](http://www.MyFloridaLicense.com/contactus/)**

**Internet: [www.MyFloridalicense.com/DBPR/elevator-safety/](http://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



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**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: [dhr.elevators@myfloridalicense.com](mailto:dhr.elevators@myfloridalicense.com)  
Internet: [www.MyFloridalicense.com/DBPR/elevator-safety/](http://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.**

