

Elevator Contractor Name		Estimated Start Date
Address	City	Zip Code
Estimated Completion Date		

**ELEVATOR CONTRACTOR CONTACT INFORMATION**

Contact Name	Business Phone
E-Mail Address	Direct Phone

**ELEVATOR INFORMATION**

Elevator Device: Check the appropriate device.			<b>New Installation</b>	<b>Alteration</b>
<input type="checkbox"/> Traction Passenger	<input type="checkbox"/> Moving Walk	<input type="checkbox"/> Material Lift		
<input type="checkbox"/> Hydraulic Passenger	<input type="checkbox"/> LU/LA	<input type="checkbox"/> Inclined WCL		
<input type="checkbox"/> Traction Freight	<input type="checkbox"/> Dumbwaiter	<input type="checkbox"/> Vertical WCL		
<input type="checkbox"/> Hydraulic Freight	<input type="checkbox"/> Escalator	<input type="checkbox"/> Other		
Manufacture of machine, drive and controller:				

Building Name:		
Address:		
City,	Zip:	Seminole Area:

**Elevator Code information answer yes or no to the following: If "no" explain.**

Does elevator meet the minimum standards of Florida Building Code without exception?	
If NO, explain in detail	
Does elevator meet the minimum standards of ASME A17.1, A18.1 or NFPA 70, 72, 101 without exception? If NO, explain in detail	
Is this elevator designed to meet ASME A17.7 Standards over ASME A17.1?	
If yes explain in detail on attached.	
Signature of Applicant	
Applicant Date:	Request Issue date:
Print Name of Applicant	FL CET #:
Print Name of Applicant Elevator Contractor	FL REC #:
Permit is valid for ONE year from issue.	
Additional Contact Information: Phone	Email

**Copy of elevator shop drawings with applicant must be included.** Once permit is issued, permit must be posted at site at all times work is performed or product for installation is onsite. Elevator installation must be only performed by a current holder of an approved issued Certificate of Competency, Certified Elevator Technician or IUEC Mechanic card with a maximum of ONE uncertified helper under direct visual supervision of the certified holder. Loading or unloading of elevator equipment off delivery trucks is not considered installation. Installation of an elevator without proper license available to inspector may result in suspension or revocation of permit. Permit holder is responsible to schedule a minimum of 10 days prior to inspection date requested for inspector.

**APPLICABLE FEES ----- ONE APPLICATION PER DEVICE**

○ Standard inground hydraulic elevator	\$ 400.00
○ Roped hydraulic elevator	\$ 450.00
○ Traction Elevator to 24 floors	\$ 550.00
○ Traction Elevator 25 floors to 48 floors	\$ 650.00
○ Traction elevator over 48 floors	\$ 750.00
○ 5-Year (CAT-5) add \$ 150.00 to any of the above items	
○ Escalator, moving walk, cartoveyor	\$650.00
○ Wheelchair lift, dumbwaiter, vertical lift	\$350.00
○ Temporary 30-day permit for construction use (each 30 days)	75% of above prices
○ Re-inspection due to failed acceptance inspection or tests	See 11 – 18 prices
○ Expediting permit or inspection if available	Add \$ 200.00

ASME A17.7 review and inspection requires quote by application of product. Provide a list of all applicable portion of installation falling under ASME A17.7 vs. ASME A17.1. Installations requiring any variance for code acceptance will require a minimum additional fee of \$350.00 for each review and answer of acceptance or rejection of application of variance. Use Florida Building Code Variance request form.

Above Fees are applicable to include **ONE ACCEPTANCE INSPECTION PER APPLICATION.** Applicant is responsible for a completed installation of all products according to applicable codes and standards. It is the contractors responsibility to have all code required testing equipment, procedures, wiring diagrams, maintenance control plans, data plates, test plates or any personnel including Fire Alarm, Emergency Generator tests or information required for the acceptance inspection at the time of the inspection. Elevator Inspector will accept copies of passed inspection reports from Seminole Tribe of Florida Building Department for the Fire Alarm or Emergency Generator portion of work as connected to the elevator control system previously accepted. Rope data tags must be from rope supplier and include data from ASME A17.6-2022 Req. 1.9.2 completed by manufacture of the ropes.

**Failure of elevator inspection will require re-application of this form including applicable fees and new requested inspection date.**

Total Applicable Fee from above: \$ \_\_\_\_\_

Fee Payable by CHECK to: **Elevator CSI** 10719 Versailles Blvd. Wellington FL 33449