

Office Use Only
Permit Number: _____

Elevator Permit Application

Applicant Information (Blue or Black Ink Only)

Please note that outstanding expired permits must be resolved prior to the issuance of a work permit.

Property Address		Unit#	Parcel/Folio Number
If sub-permit or revision, please indicate the Master Permit Number:	If associated with violation, indicate US#	Elevator I.D. Number	<input type="checkbox"/> Commercial <input type="checkbox"/> Residential: Single-Family Residential or Duplex

Permit Request (select all that apply)	Type of Service (select one)	Type of Equipment (select one)	
<input type="checkbox"/> New Permit <input type="checkbox"/> Change of Contractor <input type="checkbox"/> Change of Architect/Engineer <input type="checkbox"/> Permit Extension <input type="checkbox"/> Permit Renewal	<input type="checkbox"/> New Construction <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Demolition (Year Built: _____)	<input type="checkbox"/> Dumbwaiter <input type="checkbox"/> Escalator <input type="checkbox"/> Hydraulic <input type="checkbox"/> Lift <input type="checkbox"/> Lula	<input type="checkbox"/> Parking Lift (# of Power packs ____) <input type="checkbox"/> Traction <input type="checkbox"/> Wheelchair Lift <input type="checkbox"/> Other: _____

Elevator Credentials		Total Value of Work
Capacity: _____	Speed: _____	\$ _____ Provide a copy of the contract for the work being performed
Landings: _____	Plan Reference No: _____	

Description of Work

Provide a summary of work to be done:

Responsible Parties

Property Owner			Elevator Contractor		
Name			Name		
Address		Suite	Address		Suite
City	State	Zip Code	City	State	Zip Code
E-Mail Address			State Identification Number		CC License
Cell Phone			E-Mail Address		
Daytime phone			Daytime phone		Cell Phone

Notice & Certification

This application is hereby made to obtain a permit to do the work and installations as indicated. I certify that all work will be performed to meet the standards of all laws and construction regulations in this jurisdiction. I understand that a **separate permit** must be secured for **Electrical, Fire, Mechanical, Plumbing, Air Conditioners, etc.**

Owner's Affidavit: I certify that all the forgoing information is correct. Owner Certifies that the aforementioned Contractor has the authorization to perform the work as specified above.

Lessee's Affidavit: Lessee certifies that he has full consent and authorization from owner of subject property to perform the abovementioned work and to hire above captioned contractor.

In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as the Environmental Division of Miami-Dade County; Permitting, Environment and Regulatory Affairs; Water & Sewer Department; Department of Environmental Protection; South Florida Water Management District; Miami-Dade County Impact Fee water management districts; state agencies; and/or federal agencies.

Under penalties of perjury, I declare that to the best of my knowledge, the facts stated in this document are true. Any information found to be false may cause the revocation and/or denial of the permit.

OWNER'S ELECTRONIC SUBMISSION STATEMENT: Under penalty of perjury, I declare that all the information contained in this building permit application is true and correct.

- **Owner/Lessee for new permits** (Documentation establishing ownership is requested)
- **Master Permit Contractor of Record** (For sub-permit change of contractor)

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT IS REQUIRED FOR ANY WORK WITH COST EXCEEDING \$2,500.00.

Print Name

Signature

STATE OF FLORIDA, COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this _____ day of _____ 20____, by _____

Personally

Produced Identification – Type of Identification _____

(SEAL)

Signature of Notary Public

- **Contractor** (Proof of licensure may be required if not on file)

Print Qualifier's Name

Qualifier's Signature

STATE OF FLORIDA, COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this _____ day of _____ 20____, by _____

Personally

Produced Identification – Type of Identification _____

(SEAL)

Signature of Notary Public

Our Mission

We are committed to providing excellent public service and safety to all who live, work and play in our vibrant, tropical, historic community.

Form Name Permit Application

Form Purpose This form is completed if an owner or developer would like to request a permit for a new construction, alteration or repair of a conveyance within the City of Miami Beach.

Related Forms Please see Document **Submission Checklist** below:

- Completed Permit Application
- Affidavit of Elevator Plan Code Compliance
- Two (2) 24" x 36" sets of New Construction or Shop Drawing plans for review.
- If applicable provide plans (New Construction/Modernization) for work by other trades related to the elevator work ex: Fire, Mechanical, Electrical, etc.
- Scope of Work (Modernization)
- Provide copy of the contract for the work being performed
- Contractor's Local Business Tax Receipt or Contractor's Municipal Contractor Business Tax Receipt
- Contractor's Liability Insurance addressed to the PW - Elevator Division
- Contractor's Workman's Compensation Insurance or Exemption addressed to the PW - Elevator Division
- Miami Dade Property Appraisal <http://www.miamidade.gov/propertysearch/#/>
- Sunbiz <http://dos.myflorida.com/sunbiz/> (proof of ownership)
- Notice of Commencement (for improvement greater than \$2,500.00).

Form Process

- Permit Application and project plans submitted.
- Plan Review Process is performed by the City, if applicable.
- Payment of permit fees assessed.
- Permit is issued.

Additional Info Payments can be made at following locations:

- Kiosk located in Building Department lobby, 2nd Floor City Hall
- Cashier's window, 1st Floor City Hall
- Online at <https://secure.miamibeachfl.gov/payments/>

For Assistance Please contact:

- **In – person:** Public Works – Elevator Safety Division, Miami Beach City Hall, 1st Floor 1700 Convention Center Drive, Miami Beach, Florida 33139
- **Via Telephone:** 305-673-7225

ADA Information

To request this material in accessible format, sign language interpreters, information on access for persons with disabilities, and/or any accommodation to review any document or participate in any city-sponsored proceeding, please contact 305.604.2489 (voice), 305.673.7524 (fax) or 305.673.7218 (TTY) five (5) days in advance to initiate your request. TYY users may also call 711 (Florida Relay Service).