



ELEVATOR PERMIT APPLICATION

PERMIT NO. L
PROJECT NO. B



THIS IS AN APPLICATION ONLY. IT IS NOT AUTHORIZATION TO START ANY WORK. NO WORK SHALL START UNTIL A PERMIT IS POSTED ON THE JOB SITE.

CONTRACTOR/OWNER INFORMATION	1 JOB/PROPERTY ADDRESS (STREET & NUMBER)						2 FLOOR/ROOM NO.	
	3 CONTRACTOR NAME			4 LICENSE TYPE		5 CLASS <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	6 STATE LICENSE NO.	
	7 CONTRACTOR STREET ADDRESS			8 CONTRACTOR TELEPHONE NO. / EMAIL ADDRESS				
	9 CITY		STATE		ZIP CODE		10 CONTRACTOR FAX NO.	
11 PROPERTY OWNER NAME			12 PROPERTY OWNER ADDRESS/ZIP			13 OWNER DAYTIME TELEPHONE NO.		

BUILDING INFORMATION	14 DESCRIBE CURRENT STRUCTURE USE						15 DESCRIBE PROPOSED STRUCTURE USE								
	OFFICE USE ONLY	16 NEW ACCESSORY BLDG. <input type="checkbox"/> ACC	17 ADDITION <input type="checkbox"/> ADD	18 RESIDENTIAL GARAGE <input type="checkbox"/> AD1	19 RESIDENTIAL DECK <input type="checkbox"/> AD2	20 OPEN PORCH <input type="checkbox"/> AD3	21 ENCLOSED PORCH <input type="checkbox"/> AD4	22 ALTER/REMODEL LIGHT <input type="checkbox"/> AL1	23 ALTER/REMODEL HEAVY <input type="checkbox"/> AL2	24 DEMOLITION <input type="checkbox"/> DEM	25 TENANT FITUP <input type="checkbox"/> FUP	26 FOUNDATION ONLY <input type="checkbox"/> FOU	27 NEW BUILDING <input type="checkbox"/> NB	28 MOVING/RELOCATION <input type="checkbox"/> REL	29 REPAIR/REPLACEMENT <input type="checkbox"/> REP
	30 IF 1 OR 2 FAMILY → <input type="checkbox"/> 1 FAMILY <input type="checkbox"/> 2 FAMILY			ATTACHED <input type="checkbox"/> 1 FAMILY <input type="checkbox"/> 2 FAMILY		DETACHED <input type="checkbox"/> 1 FAMILY <input type="checkbox"/> 2 FAMILY		31 IF MULTIFAMILY, NUMBER OF UNITS PER STRUCTURE →		32 CHECK ONE (IF APPLICABLE) <input type="checkbox"/> 1. LODGING HOUSE <input type="checkbox"/> 3. ADULT CARE RESIDENCE <input type="checkbox"/> 2. NURSING HOME					

COST INFO	33 TOTAL VALUE OF CONTRACT INCLUDING MATERIAL, LABOR, SUBCONTRACTS OVERHEAD AND PROFIT → \$	
	34 DESCRIBE SCOPE OF WORK	

WORK DESCRIPTION	35 CONTACT PERSON		36 CONTACT PHONE NO.		37 CONTACT FAX NO.		
	38 CONTACT ADDRESS			ZIP CODE		39 EMAIL	
	40 DO YOU WANT TO BE CALLED TO PICK UP PERMIT WHEN ISSUED? <input type="checkbox"/> YES <input type="checkbox"/> NO				NAME		PHONE NO.

CONTACT INFORMATION	41 ENGINEER NAME		42 ENGINEER PHONE NO.		43 ENGINEER FAX NO.		44 EMAIL	
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UNIT TYPE	DRIVE	FLOORS SERVED	UNIT TYPE	DRIVE	FLOORS SERVED

OWNERS AFFIDAVIT	I HEREBY AFFIRM THAT UNDER THE PROVISIONS OF TITLE 54.1-1101 OF THE CODE OF VIRGINIA, I AM NOT SUBJECT TO LICENSURE AS A CONTRACTOR OR SUBCONTRACTOR. BY THIS AFFIDAVIT I ASSUME FULL RESPONSIBILITY FOR COMPLETION OF THE PROPOSED WORK IN ACCORDANCE WITH ALL APPLICABLE BUILDING CODES AND LAW. I ALSO UNDERSTAND IT IS A VIOLATION OF STATE LAW TO KNOWINGLY HIRE AN UNLICENSED CONTRACTOR.					
	PRINTED NAME		SIGNATURE			DATE

ASBESTOS CERTIFICATION	A _____ (NAME OF APPLICANT)		B CERTIFY THAT THE BUILDING AT _____ (ADDRESSES, FLOOR OR SUITE)			
	HAS BEEN INSPECTED OR MEETS THE EXCEPTIONS OF SECTION 110.3, THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE. THE ASBESTOS ABATEMENT WILL BE DONE AS PER REQUIREMENT OF THE "CLEAN AIR ACT" NATIONAL EMISSION STANDARD FOR THE HAZARDOUS AIR POLLUTANT (NESHAPS) AND OSHA "STANDARDS FOR CONSTRUCTION WORKERS".					
	C SIGNATURE _____					

OFFICE USE ONLY	ARTS DISTRICT <input type="checkbox"/> YES <input type="checkbox"/> NO		HISTORICAL DISTRICT <input type="checkbox"/> YES <input type="checkbox"/> NO		VIOLATION ON PROPERTY <input type="checkbox"/> YES <input type="checkbox"/> NO		DELINQUENT TAXES DUE? <input type="checkbox"/> YES <input type="checkbox"/> NO		ICC TYPE OF CONSTRUCTION	
	EXISTING USE GROUP		PROPOSED USE GROUP		FEE CALC. TYPE <input type="checkbox"/> S <input type="checkbox"/> U <input type="checkbox"/> B <input type="checkbox"/> C		PERMIT FEE		FEE RECEIVED	
	IS PROPERTY IN 100 YR FLOOD PLAIN? <input type="checkbox"/> YES <input type="checkbox"/> NO		FLOOD ELEV.		SITE ELEV.		CHESAPEAKE BAY PROTECTION AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO		CHESAPEAKE BAY MANAGEMENT AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	APPLICATION APPROVED BY _____ DATE _____					APPLICATION DISAPPROVED BY _____ DATE _____				
	RECEIPT NO.		<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD							

A COPY OF YOUR STATE CONTRACTOR'S LICENSE AND BUSINESS LICENSE MUST BE ON FILE BEFORE A PERMIT WILL BE ISSUED.

BY SUBMITTING THIS APPLICATION, I CERTIFY I AM IN COMPLIANCE WITH THE CODE OF VIRGINIA, SECTION 54.1-1100 ET SEQ; RULES AND REGULATIONS OF THE VIRGINIA BOARD OF CONTRACTORS AND CHAPTER 14, CODE OF THE CITY OF RICHMOND.

FEE SCHEDULE - BASED ON VALUE OF CONTRACTOR'S ESTIMATE OR ESTIMATE CALCULATED BY R.S. MEANS, WHICHEVER IS HIGHER AMOUNT.

VALUE OF WORK INCLUDES LABOR, MATERIALS, SUBCONTRACTS, OVERHEAD AND PROFIT. THE FEE IS BASED ON CONTRACTOR'S ESTIMATE OR ESTIMATE CALCULATED BY R.S. MEANS, WHICHEVER IS HIGHER AMOUNT.	RESIDENTIAL ONLY - 1 & 2 FAMILY		COMMERCIAL ONLY	
	VALUE OF WORK	PERMIT FEE	VALUE OF WORK	PERMIT FEE
	\$0 - \$2000	\$63.00	\$0 - \$2000	\$131.00
OVER \$2000	\$63.00*	OVER \$2000	\$131.00*	

*Add \$6.07 per thousand or fraction thereof for residential construction.
*Add a 2% state surcharge to the final calculated fee.
*Add \$8.50 per thousand or fraction thereof for commercial construction.
*Add a 2% state surcharge to the final calculated fee.

USE GROUP CODES	CODE	DESCRIPTION	CODE	DESCRIPTION	CODE	DESCRIPTION	CODE	DESCRIPTION
	A1A	THEATER/STAGE	B5	FIRE STATION	H5	HIGH HAZARD	NU	NO USE SANCTIONED VACANT STRUCTURE
	A1B	THEATER NO STAGE	B6	FUNERAL HOME	I1	GROUP HOMES 17 OR MORE	R1M	MOTEL
	A2A	NIGHTCLUB	B7	LAUNDRY	I2A	INSTITUTIONAL INCAPACITATED	R2A	DORMITORIES
	A2B	RESTAURANT EAT IN	B8	MEDICAL OFFICE	I2B	INSTITUTIONAL DAY NURSERY	R2B	MULTIFAMILY
	A3B	MUSEUM/ART GALLERY	B9	OFFICE	I3	DETENTION FACILITY	R2C	LODGING HOUSES
	A3C	LIBRARY	B10	BUSINESS - OTHER	I4	ADULT CARE FACILITY	R3A	1&2 FAMILY OVER 3 STORIES
	A3D	PASSENGER TERMINAL	E1	EDUCATION/SCHOOL 1 TO 12	I4B	CHILD CARE >5 CHILDREN <2.5 YRS	R5A	SINGLE FAMILY ATTACHED UNDER 4 STORIES
	A3F	LECTURE HALL	E2	DAYCARE OVER 2 1/2 YEARS	MU	MIXED USE	R5B	TWO FAMILY ATTACHED UNDER 4 STORIES
	A3H	CHURCH	F1	FACTORY MODERATE HAZARD	M1	RETAIL CONVENIENCE STORE	R5C	SINGLE FAMILY DETACHED UNDER 4 STORIES
A4A	RECREATION CENTER	F2	FACTORY LOW HAZARD	M2	RETAIL DEPARTMENT STORE	R5D	TWO FAMILY DETACHED UNDER 4 STORIES	
B1	AUTO DEALERSHIP	H1	HIGH HAZARD	M3	RETAIL SUPERMARKET	R4A	ASSISTED LIVING 5 TO 16 PEOPLE	
B2	DENTIST/DOCTOR'S OFFICE	H2	HIGH HAZARD	M4	RETAIL STORE	S1	STORAGE MODERATE HAZARD	
B3	BANK	H3	HIGH HAZARD	M5	RETAIL AUTO SERVICE STATION	S2	STORAGE LOW HAZARD	
B4	CAR WASH	H4	HIGH HAZARD	R1H	HOTEL	U	TEMPORARY/MISC	
UNIT TYPES	CODE	DESCRIPTION	CODE	DESCRIPTION	CODE	DESCRIPTION	CODE	DESCRIPTION
	P	PASSENGER	E	ESCALATOR	M	MOVING WALK	C	CHAIR LIFT
	F	FREIGHT	D	DUMBWAITER	W	WHEELCHAIR LIFT	R	PRIVATE RESIDENCE
DRIVE TYPE	CODE	DESCRIPTION	CODE	DESCRIPTION	CODE	DESCRIPTION		
	CAB	CABLE	HYD	HYDRAULIC	WDR	WINDING DRUM		

INSTRUCTIONS ON FILLING OUT AN ELEVATOR PERMIT APPLICATION

At the top right hand corner of the application is a capital L. This is the space where your permit number will be written after you have paid for the permit. There is also a capital B, this is where you will write any building permit number that is associated with the elevator permit application.

Box #1 - Fill in the number & street address where the work is being done.

Box #2 - This is to be used on multi-story commercial and multi-family residential projects. It can be left blank on single family and duplex permit applications.

Box #3 - Fill in the name of the contractor doing the work or your name if you are the owner/tenant and are applying for the permit as the owner/tenant.

Box #4 - Fill in the classification that is on your contractor's license such as EEC.

Box #5 - Check the class of license located on your contractor's license.

Box #6 - Fill in state board of contractor's license number. It will always begin with 2701 or 2705 and be followed by six digits. Do NOT use a license number that begins with 2710 as this is a tradesman card number and does not allow you to apply for a permit.

Box #7 - Fill in the contractor's street address.

Box #8 - Fill in the contractor's telephone number.

Box #9 - Fill in the contractor's city, state and zip code.

Box #10 - Fill in the contractor's fax number.

Box #11 - Fill in the name of the property owner.

Box #12 - Fill in the property owner's address.

Box #13 - Fill in the property owner's daytime phone number.

Box #14 - Fill in the current use of the property such as restaurant, single family dwelling, duplex, etc.

Box #15 - Fill in the proposed use of the property such as restaurant, office, duplex, etc.

Boxes #16 through #29 - Office use only.

Box #30 - Fill in when dealing with single family houses and duplexes. Note the detached and attached designation. If the house stands alone and does not touch the house on either side, it is detached.

Box #31 - Fill in the number of apartment units in the building.

Box #32 - Check the appropriate box, if applicable.

Box #33 - COST INFORMATION - Fill in the cost of all labor, materials, overhead, subcontracts and profit. This may be used to determine how much you pay in permit fees.

Box #34 - Give a brief description of the work to be done.

Box #35 - The name of the person to contact if there are questions about the application or drawings.

Box #36 - Fill in the contact person's phone number.

Box #37 - Fill in the contact person's fax number.

Box #38 - Fill in the contact person's complete address.

Box #39 - Fill in the contact person's e-mail, if available.

Box #40 - Check whether or not you would like to be called to pick up the permit. If you check "yes", fill in your name and phone number.

Box #41 - If submitting drawings done by an engineer please fill in their name here.

Box #42 - Fill in the Engineer's phone number.

Box #43 - Fill in the Engineer's fax number.

Box #44 - Fill in the Engineer's e-mail address.

Under: **TYPE OF WORK TO BE DONE** - Please list each elevator, escalator, dumbwaiter, chairlift, wheelchair lift, etc. that is to be installed separately on form.

Unit Type - Fill in what type of new unit is to be installed: P for Passenger, F for Freight, E for Escalator, D for Dumbwaiter, M for Moving Walk, W for Wheelchair Lift, C for Chair Lift and R for Private Residence.

Drive - Fill in what type of drive for each unit: CAB for Cable, HYD for Hydraulic and WDR for Winding Drum.

Floors Served - Fill in the number of floors for each unit.

Box #A, B & C - Fill out the asbestos certification with the Applicant's name, property address and signature, if renovating an existing commercial structure. (This section is not applicable to residential structures of 4 units or less.)

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA