

**Application Form
ELEV01**



**Development Services
Customer Service Center**
250 South 4th Street – Room 300
Minneapolis, MN 55415 – 1316
Office 612-673-3000 or 311
Fax 612-370-1416
TTY 612-673-2157
www.minneapolismn.gov/mdr

Office Use Only

A/P LIC # _____

Amount \$ _____

Flag(s) _____

Development Coordinator _____ Date _____

ELEVATOR PERMIT APPLICATION

JOB ADDRESS (INCLUDE ADDRESS #, STREET NAME, & DIRECTIONAL), Apt/Unit#

APPLICANT		PHONE	
ADDRESS	CITY	STATE	ZIP
LICENSE #	EMAIL		
CONTACT NAME	PHONE		
ARCHITECT NAME	PHONE		
ENGINEER NAME	PHONE		

CERTIFICATION STATEMENT

I hereby certify that: I am authorized to make this application; all information provided on this application or in other submittals is true and accurate to the best of my knowledge; authorization from the owner to perform the proposed work has been granted; all work performed as part of any permit will comply with all applicable state and municipal laws and ordinances, and any required contractor license, personal license, or certificate of competency will be obtained prior to any work being performed. I understand that the issuance of a permit does not grant any contractor license, certificate of competency, business license, or other license, and unlicensed persons shall not be hired to perform work that requires a license or certificate of competency.

SIGNATURE _____ DATE _____

TYPE OF WORK

(a separate application and permit is required for each device)

Alterations Construction Use (Temporary) New Elevator Out of Service Remove Elevator Repair Elevator

VALUATION OF WORK

\$ _____

MAKE CHECKS PAYABLE TO: **MINNEAPOLIS FINANCE DEPARTMENT**, OR CHARGE TO

ALL MAJOR CREDIT CARDS ACCEPTED	ACCOUNT#	CVV#	EXP DATE: Mo ___ Yr ___
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JOB ADDRESS (INCLUDE ADDRESS #, STREET NAME, & DIRECTIONAL), Apt/Unit#

DESCRIPTION OF WORK

(check and describe proposed work)

REGISTRATION NUMBER _____
(LIC or ELEV 7xxxx)

Device Type:

Elevator Escalator Docklift Dumbwaiter LULA
 Man Lift Platform Lift Stair Lift Other (describe) _____

Building Use:

Residential Commercial

Construction Use:

Conditional Temporary

Emergency Use:

Yes No

Equipment Data:		Building and Cab Data:	
Capacity (lbs.)		# of Openings	
Speed (feet / min)		# of Stories - Total	
Safety Type		Platform Dimensions (inches)	length _____ X width _____
Machine Type		Car inside net area (ft^2)	
Device Type		Ceiling / Lighting Type	
Control Type / Mfg Other		Ceiling Lighting Weight (lbs.)	
# Hoist Ropes		Floor Covering Height (feet)	
Hoist Rope Diameter		Floor Covering Weight (lbs.)	
Balanced Load Weight (lbs.)		Total Car Weight (lbs.)	
Balanced Load Percentage		Location of Machine Room	

Provide scope of work or include attachment:

CE#: _____

Minneapolis Elevator Permit

Fee Schedule*

TYPE OF WORK	FEE
Minimum Fee - Residential or Commercial	\$82.50 (Does Not Include State Surcharge)
New Equipment (Single Elevator)	1.50% of the total valuation
Alterations, Repairs, or Replacement *	1.50% of the total valuation
Temporary Construction Use	\$114.20

Add State Surcharge to all permits (except minimum fee as shown).

State Surcharge is 0.0005 x job value

*** A SEPARATE PERMIT IS REQUIRED FOR EACH ELEVATOR.**