



Minneapolis Development Review
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 www.ci.minneapolis.mn.us/mdr

<i>Office Use Only</i>	
Routing# _____	T# _____
Amount\$ _____	Permit# _____
Development Coordinator _____	_____
Signature	Date

ELEVATOR APPLICATION *(Sample application for General Elevator Permit work, not annual inspection work)*

DOES THE SCOPE OF THE PROPOSED WORK INCLUDE THE CONSTRUCTION OF A NEW ELEVATOR HOISTWAY OR INSTALLATION OF AN ELEVATOR INTO A SHAFTWAY LOCATION WHICH HAS NOT PREVIOUSLY CONTAINED A REGISTERD ELEVATOR CAB?
 IF YES COMPLETE PART A AND B.
 IF NO LIST THE CITY OF MINNEAPOLIS ELEVATOR REGISTRATION NUMBER HERE. **ELEV:** _____ AND GO TO PART B.

PART A
JOB ADDRESS (PLEASE INCLUDE BLDG. #, STREET NAME & DIRECTION & BLDG. NAME IF KNOWN)
OWNER / OCCUPANT AND PHONE NUMBER

PART B
TYPE OF WORK TO BE DONE: <input type="checkbox"/> INSTALL <input type="checkbox"/> ALTER <input type="checkbox"/> REPLACE / REPAIR <input type="checkbox"/> TEMP USE VALUE OF WORK _____
IS THE ELEVATOR WORK PROPOSED BEING CONDUCTED IN RESPONSE TO WORK ORDERS ISSUED AS PART OF THE CITY OF MINNEAPOLIS ANNUAL ELEVATOR INSPECTION PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES LIST RFS #: _____
NOTE: PERMITS ISSUED TO SATISFY INSPECTORS ORDERS WILL INCLUDE A SCOPE OF WORK WHICH ENCOMPASSES <u>ALL ITEMS</u> LISTED ON THE CITY OF MINNEAPOLIS REQUEST FOR SERVICE (RFS).
PERMIT FEE IS 1.50% OF THE VALUE OF WORK + STATE SURCHARGE (MINIMUM FEE \$0.50)
STATE SURCHARGE = (0.0005 TIMES THE VALUE OF THE WORK) PERMIT FEE \$ _____

NEW INSTALLATION OR ALTERERATION (IF CHANGING)			
EQUIPMENT DATA:		BUILDING AND CAB DATA:	
CAPACITY (lbs.)		NUMBER OF STORIES	
SPEED (ft / min)		NUMBER OF LANDINGS	
SAFETY TYPE (A, B, C, or broken rope)		PLATFORM DIMENSIONS	X
MACHINE TYPE		CAR INSIDE NET AREA (ft^2)	
CONTROL TYPE		CEILING / LIGHTING TYPE AND WEIGHT (lbs)	
HOIST ROPES (#)		WALL COVERING TYPE AND WEIGHT (lbs)	
HOIST ROPE DIAMETER (in.)		FLOOR COVERING TYPE AND WEIGHT (lbs)	
BALANCED LOAD WEIGHT (lbs)		TOTAL CAR WEIGHT	

SCOPE OF WORK

ALL WORK REQUIRES THAT A DETAILED DESCRIPTION OF THE NATURE OF THE ALTERATIONS OR REPAIRS BE ATTACHED. FOR WORK BEING CONDUCTED IN ORDER TO SATISFY A CITY OF MINNEAPOLIS RFS, RFS DOCUMENTATION MUST BE ATTACHED.

I certify that all information provided in this application form and any other information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comply with all applicable State and local laws and regulations in performing the work for which this permit is issued, and that I possess all contractor and personal licenses and certificates of competency, if any, that are required for lawful performance of the work described in this permit. I understand that the issuance of this permit does not imply or authorize the granting of any such license or certificate of competency, nor the issuance of any business license or professional license. Homeowners shall not hire unlicensed persons to perform work under any building, electrical, mechanical, or plumbing permit.

SIGNATURE _____ **DATE** _____

COMPANY NAME: _____	CONTRACTOR LICENSE #: _____
COMPANY ADDRESS: _____	CONTACT PERSON #: _____
CITY: _____ STATE: _____ ZIP CODE: _____	CONTACT PHONE #: _____

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

<input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> DINERS CLUB	ACCOUNT# _____	EXP DATE: Mo ___ Yr ___
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