

## Elevator Permit Application

		Date:			
Project Name:					
Project Address:					
Bldg #: Project Valuation: \$		Suite / Space #:			
Description of Work:					
Number of Landings:					
☐ New Equipment	☐ Elevator	☐ Electric		☐ Modernization	
☐ Escalator	☐ Hydraulic	☐ Return t	☐ Return to service		
☐ Passenger	☐ Repair	☐ Moving Walk		☐ Freight	
Owner Information:					
Owner/Business Name:					
Address:				Zip Code:	
Contact Person:	<del> </del>	Phone:	· · · · · · · · · · · · · · · · · · ·	Fax:	
Contractor Information:					
Business Name:					
Address:				Zip Code:	
Contact Person:		Phone:		Fax:	
Local Business (Phoenix F	PLT) #:				
State Tax #:	S1	ate License Class and	d Number (ROC):_		
Applicant:					
Check One:	☐ Contractor	Other			
Email Address:		Print Nan	ne:		
Address:		_ City:	State:	Zip Code:	
Company Name:		Phone:		Fax:	
		Staff Use Only		Initials:	
Permit Fee Code:		_		dai3.	
Total:					

For more information or for a copy of this publication in an alternate format, contact Planning & Development at 602-262-7811 voice or TTY use 7-1-1.