

Department of Labor and Industries
 Elevator Section
 PO Box 44810
 Olympia WA 98504-4810
 Phone: (360) 902-6130
Elevators.Lni.wa.gov



Elevator Permit Application

Type of Permit

New Installation New Alteration Renewal* (Must have conveyance #*)

Conveyance Number	Permit #
Location (car# etc.)	

Permit valid for one (1) year only.

Each installation or alteration requires a separate permit.
 Please make check payable to the Department of Labor and Industries.

Installation Company Name	Contractor License Number	License Expiration Date
Mailing Address, City, State, ZIP+4		

Detailed Description of Alteration

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Commercial Conveyance Type

Existing Building Yes No

<input type="checkbox"/> Passenger Hydraulic	<input type="checkbox"/> Freight Hydraulic	<input type="checkbox"/> LULA	<input type="checkbox"/> Passenger Roped Hydraulic Elevator
<input type="checkbox"/> Passenger Cable	<input type="checkbox"/> Freight Cable	<input type="checkbox"/> Dumbwaiter	<input type="checkbox"/> Special Purpose
<input type="checkbox"/> Escalator	<input type="checkbox"/> Material Lift	<input type="checkbox"/> Belt Man Lift	<input type="checkbox"/> Moving Walk
<input type="checkbox"/> Wheelchair Lift	<input type="checkbox"/> Inclined Wheelchair Lift	<input type="checkbox"/> Stair Chair	<input type="checkbox"/> Other _____

Residential Conveyance Type

<input type="checkbox"/> Residential Elevator	<input type="checkbox"/> Inclined Chair	<input type="checkbox"/> Dumbwaiter	
<input type="checkbox"/> Vertical Lift	<input type="checkbox"/> Inclined Vertical Lift	<input type="checkbox"/> Inclined Elevator	<input type="checkbox"/> Other _____

Capacity	Speed	Manufacturer	Rise in Feet	Car Width (in inches)
Car Length (in inches)	# of Landings	# of Front Openings	# of Rear Openings	Feet of Blind Hoistway

Machine Type

<input type="checkbox"/> Winding Drum	<input type="checkbox"/> Gearless	<input type="checkbox"/> Geared	<input type="checkbox"/> Hand Powered
<input type="checkbox"/> Screw Drive	<input type="checkbox"/> Scissor	<input type="checkbox"/> MRL	<input type="checkbox"/> Rack & Pinion
<input type="checkbox"/> Pneumatic	<input type="checkbox"/> Hydraulic	<input type="checkbox"/> Roped Hydraulic	

Application Fees

# of Plans (Min. of 2)	Plan Checking Fee \$	Contract Value \$	Permit Fee \$	Total Fees \$
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Owner Information

Owner of Building	Owner Contact Name	Owner Contact Phone	Owner Contact Email
Owner Address, City, State and ZIP+4			UBI#

Location Information

Building Name or Resident	Building Address, City, State and ZIP+4
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Date	Name of Company Representative (<i>Please print or type</i>)	Company Representative Email
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For L&I Use Only

Slip Print Here

Date Permit Issued	Issued by (<i>Please print</i>)
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