

ELEVATOR PERMIT



STATES USE ONLY	
DATE	_____
CHECK #	_____
AMOUNT	_____
PERMIT #	_____
<input type="checkbox"/>	APPROVED
<input type="checkbox"/>	DENIED
ELEVATOR SAFETY PRG. MNGR.	

JOB NAME: \_\_\_\_\_

ADDRESS OF JOB \_\_\_\_\_

OWNER \_\_\_\_\_

NEW	ALT.	MOD.	RPR.
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OWNER'S ADDRESS \_\_\_\_\_

CAR #	STATE # OF ELEVATOR	DOORS	FREIGHT	PASS.	ESCA.

OTHER \_\_\_\_\_ MANUFACTURER \_\_\_\_\_

**CAR & MACHINERY DATA**

TYPE OF ELEVATOR	TYPE OF CONTROLS	O.H. SHEAVE SIZE	MOTOR H.P.
CAPACITY, POUNDS	SPEED: FT. PER MIN.	INSIDE PLATFORM AREA	
CLASS OF LOADING	CAR WEIGHT, POUNDS	COUNTERWEIGHT, POUNDS	
TYPE OF SAFETY DEVICE		TYPE OF CAR ENCLOSURE & DOORS	

**HOISTWAY DATA**

# OF LANDINGS	# OF ENTRANCES	TRVL. IN FT	HOISTWAY CONST.
TYPE OF BUFFERS	GOVERNOR TYPE	GUIDE RAILS	
		FORM	WEIGHT
SUSPENSION CABLES	GOVERNOR ROPE	OVERHEAD SHEAVES	
NUMBER	SIZE	SIZE	

COMMENTS: \_\_\_\_\_

APPLICANT CERTIFIES THAT ALL INFORMATION IS CORRECT AND THAT ALL PERTINENT STATE REGULATIONS WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THIS PERMIT IS ISSUED.

AUTHORIZED SIGNATURE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

FIRM NAME & ADDRESS \_\_\_\_\_

The \$125.00 permit fee made payable to: Nebraska Workforce Development and three sets of prints must accompany this form.  
Return forms to: CHIEF ELEVATOR INSPECTOR, 5723 F STREET, OMAHA, NE 68117-2822