

# Elevator Permit Application

Date: \_\_\_\_\_ Job #: \_\_\_\_\_

Job Name: \_\_\_\_\_

Job Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Type:    New Installation          Alteration          Modernization          Repair

Work to do: \_\_\_\_\_ Owner: \_\_\_\_\_

If not listed above: \_\_\_\_\_ Owner Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Elevator Information

Car #: \_\_\_\_\_ State Elevator #: \_\_\_\_\_ Doors: \_\_\_\_\_ Freight    Passenger    Escalator

Seal#: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ or \_\_\_\_\_

## Car & Machinery Data

Type of Elevator	Type of Controls	Capacity (pounds)	Speed (ft/min)
Inside Platform Area	Class of Loading	Type of Safety Device	Type of Car Enclosure & Doors

## Hoistway Data

# of Landings	# of Entrances	Travel in Feet	Hoistway Construction
Type of Buffers	Governor Type	Guide Rails	Weight:
Suspension Cables		Governor Rope	
#:	Size:	Size:	

## Certification

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

\_\_\_\_\_  
Elevator Contractor

\_\_\_\_\_  
Address 1

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Address 2

\_\_\_\_\_  
City, State, Zip

### State's Use Only

Date: \_\_\_\_\_

Check #: \_\_\_\_\_

Amount: \_\_\_\_\_

Permit #: \_\_\_\_\_

Approved

Denied

**Nebraska Department of Labor**  
**Chief Elevator Inspector**  
Omaha State Office Building  
1313 Farnam Street, Rm. 233  
Omaha, NE 68102  
402-595-3184

**Submit this form using the button below and attach PDFs of your plans to the generated email for review.**