

# 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	
		Form:	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.