

Elevator Permit Application



Good Life. Great Connections.

DEPARTMENT OF LABOR

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.

_____ Phone Number
Authorized Signature

Elevator Contractor

_____ City, State, Zip
Address 1

_____ City, State, Zip
Address 2

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.