## **Elevator Permit Application**

Date:	Job #:						
Job Name:							
Job Addres	s:				NE BR	SHA	
City:	State:	Zip:					
Job Type:	<b>New Installation</b>	Alteration	Modernization	Repair			
Work to do:				Owner:			
If not listed	above:			<b>Owner Address:</b>			
Elevator	Information			City:	_ State:	Zip:	
Car #:	State Elevato	or #:	_ 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 La	ndings	# of Entrances	Travel in Feet	Hoistway Construction	
Type of Buffers Governor Type		Guide Rails	Guide Rails		
			Form:	Weight:	
Suspension Cables Govern		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.			State's Use Only	
Authorized Signature		Phone Number	Date: Check #: Amount: Permit #:	
Elevator Contractor			Fernin #.	Approved
Address 1	City, State, Zip			Denied
Address 2	City, State, Zip		<b>Nebraska State Fire Marshall</b> <b>Chief Elevator Inspector</b> Omaha State Office Building	
Submit this form using the b	outton below and attach PDFs			Farnam Street, Rm. 233 Omaha, NE 68102

of your plans to the generated email for review.

402-595-3184