Elevator Permit Application

Date: _____ **Job #:** _____

Job Name: _____

Job Address: _____

City: _____ **State:** _____ **Zip:** _____

Job Type: **New Installation** ☐ **Alteration** ☐ **Modernization** ☐ **Repair** ☐

Work to do: _____

If not listed above: _____

Owner: _____

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**

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

Submit

State's Use Only

Date: _____

Check #: _____

Amount: _____

Permit #: _____

☐ Approved

☐ Denied

Nebraska Elevator Division
Chief Elevator Inspector
Omaha State Office Building
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402-595-3184

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