



Department of Community Development
 Building Inspections
 21 South Bruffey Street
 P.O. Box 869
 Salem, VA 24153
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 Email: communitydev@salemva.gov

ELEVATOR PERMIT APPLICATION

Site Address:

Owner: Phone:

Contractor Name:

Phone #: Cell #: Fax #: Email:

Certification/ license #: Expiration Date:

Signature: Date:

Description of Work:

- New Work: Job Cost:
- Existing Elevator Repair: Job Cost:
- Elevator Certification - *Must include Third Party Inspections Form*
- Other: Job Cost:

Description of Device and Location

Type of Elevator:

- Passenger Freight Wheelchair Escalator Other:

Serial Number: Location:

Inspector Name: Date of Inspection:

License/Certification Number: Expiration Date:

Pass Fail

(See next page for additional elevators)

Applicant Signature

Date

Applicant (Print Name)

Company/Contractor Name

NOTE
 Elevators must be re-certified every 12 months and approved for operation. For a permit to be issued and approved we must receive a third-party inspection report with no violations. Failure to comply with this requirement may result in the elevator being taken out of service.

Description of Device and Location

Type of Elevator:

Passenger Freight Wheelchair Escalator Other: _____

Serial Number: _____ Location: _____

Inspector Name: _____ Date of Inspection: _____

License/Certification Number: _____ Expiration Date: _____

Pass Fail

Description of Device and Location

Type of Elevator:

Passenger Freight Wheelchair Escalator Other: _____

Serial Number: _____ Location: _____

Inspector Name: _____ Date of Inspection: _____

License/Certification Number: _____ Expiration Date: _____

Pass Fail

Description of Device and Location

Type of Elevator:

Passenger Freight Wheelchair Escalator Other: _____

Serial Number: _____ Location: _____

Inspector Name: _____ Date of Inspection: _____

License/Certification Number: _____ Expiration Date: _____

Pass Fail

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Type of Elevator:

Passenger Freight Wheelchair Escalator Other: _____

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Type of Elevator:

Passenger Freight Wheelchair Escalator Other: _____

Serial Number: _____ Location: _____

Inspector Name: _____ Date of Inspection: _____

License/Certification Number: _____ Expiration Date: _____

Pass Fail