



GENERAL INFORMATION

An elevator permit is required for the design, construction, installation, alteration, and repair of an elevator or conveyance system. The work must be performed by a qualified elevator mechanic. Elevator permits may be submitted online at <https://permits.harrisonburgva.gov/> or via email to permits@harrisonburgva.gov. Additional information is available on our webpage at <https://www.harrisonburgva.gov/elevator-permit>.

PROPERTY INFORMATION

Property Address _____ Residential: ___ Yes / ___ No

Business Name (If applicable) _____

TYPE OF ELEVATOR

- | | | |
|-------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Chair Lift | <input type="checkbox"/> LU/LA | <input type="checkbox"/> Residence |
| <input type="checkbox"/> Conveyor | <input type="checkbox"/> Manlift | <input type="checkbox"/> Stair Lift |
| <input type="checkbox"/> Freight | <input type="checkbox"/> Passenger | <input type="checkbox"/> Other |
| <input type="checkbox"/> Lift | <input type="checkbox"/> Platform | _____ |
- MRL: ☐ Yes ☐ No

OTHER INFORMATION

Code cycle (year): _____

Estimated Cost: \$ _____

ELEVATOR DETAILS

Name of business where the elevator is located: _____

Make and Model: _____ Elevator Serial Number: _____

Capacity (lbs.) _____ Maximum number of passengers: _____ Speed: _____

OWNER/AGENT CONTACT INFORMATION

Owner/Agent Name/Title _____ Title _____

Mailing Address (if different from property address) _____ Phone _____

City _____ State _____ Zip _____ E-Mail _____

TYPE OF WORK

DETAILED DESCRIPTION OF WORK

- ☐ New
- ☐ Repair
- ☐ Modification/
Replacement

I hereby certify that this proposed work will be done with the owner's consent, and I acknowledge that I have read this application and the statements herein and agree that the work will be done as stated.

Applicant Signature: _____

OFFICE USE ONLY

Fee: \$ _____ State Levy: \$ _____

Total: \$ _____ Paid: ☐ Yes ☐ No

Received by: _____

CONTRACTOR INFORMATION

Applicant Name

Telephone

Mailing Address (if different from property address)

E-Mail

City

State

Zip

Contractor's DPOR Registration # _____ License Class: _____

Harrisonburg Business License # _____

ADDITIONAL CONTACTS (MUST PROVIDE OWNER OR AGENT INFORMATION)

Contact Type (Owner, Engineer, Contractor, MLA, Etc.)

Contact Type (Owner, Engineer, Contractor, MLA, Etc.)

Name

Name

Company

Company

Address

Address

City

State

Zip

City

State

Zip

Telephone

Telephone

E-Mail

E-Mail

Contact Type (Owner, Engineer, Contractor, MLA, Etc.)

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Name

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Company

Company

Address

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City

State

Zip

City

State

Zip

Telephone

Telephone

E-Mail

E-Mail