



Elevator Device Permit Application

Mail completed application with check to:
State of Ohio, Department of Commerce
Elevator Inspection Section
6606 Tussing Road PO Box 4009
Reynoldsburg, OH 43068-9009

Office use only
Permit# _____
ID# _____
County: _____
Date Rcvd: _____
Date Complete: _____

Completed applications can be sent electronically to: Fax: 614-644-2428 Email: Elevators@com.ohio.gov

Instructions: Provide complete information. One set of plans/layout drawings must be submitted with this request for New Installations

FEES MUST BE SUBMITTED AT THE TIME OF APPLICATION. If submitted electronically, a credit card form can be submitted with the application. Make checks payable to: Treasurer, State of Ohio

PLEASE PRINT CLEARLY IN INK OR TYPE ALL INFORMATION. ONE APPLICATION PER UNIT

Type of Unit: (Check One) <input type="checkbox"/> Passenger <input type="checkbox"/> Freight <input type="checkbox"/> Escalator <input type="checkbox"/> LULA <input type="checkbox"/> Dumbwaiter <input type="checkbox"/> Vertical WC Lift <input type="checkbox"/> Incline WC Lift <input type="checkbox"/> Chair Lift <input type="checkbox"/> Sidewalk Lift <input type="checkbox"/> Special Service <input type="checkbox"/> Belted Man-lift <input type="checkbox"/> Moving Walk <input type="checkbox"/> Stage Lift <input type="checkbox"/> Other: _____	Type of Driving Machine: (Check one) <input type="checkbox"/> Traction <input type="checkbox"/> Drum <input type="checkbox"/> Direct Hydraulic <input type="checkbox"/> Rope Hydraulic <input type="checkbox"/> Rack & Pinion <input type="checkbox"/> Belt <input type="checkbox"/> Chain & Sprocket <input type="checkbox"/> Screw <input type="checkbox"/> Other type: _____ Is this unit within the city limits of Cleveland or Cincinnati? Yes No	Check One <input type="checkbox"/> New Installation (Fee: \$183.25) <input type="checkbox"/> Alteration (Fee: \$103.25) Capacity (lbs): _____ Speed (fpm): _____ Total Travel (ft) _____ Total Floors Served: _____ Front Landings: _____ Rear Landings: _____ Is the unit replacing another? Yes No ID# _____
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If this is an alteration, list the current state ID# (_____) list **all items** that will be affected by the alteration
Required

Location Of Elevator

Building Name: _____ County: _____
Address: _____ City: _____ Zip: _____

Owner/Billing Address

Building Name: _____ Attn: _____
Address: _____ City: _____ Zip: _____

Company Applying for Permit

Company: _____ Contact person: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
Signature: _____ Date: _____

I hereby agree that if this application is granted and a permit issued, this unit will conform in every detail to the code requirements set forth by the State of Ohio Elevator Section.

Internal Use Only

Approved by: _____ Date: _____

