



# Department of Commerce

Division of Industrial Compliance  
John R. Kasich, Governor  
Jacqueline T. Williams, Director

## REQUEST FOR A TEMPORARY CERTIFICATE OF OPERATION

**Requests are subject to final approval by the chief elevator inspector. Submit this request via fax 614-644-2428 or email Elevators@com.ohio.gov or mail with appropriate fees to the address at the bottom of the page.**

Unit Number(s)

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### Location of Elevator

Building Name: \_\_\_\_\_ County \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

### Company Applying for the permit

Same as Location

Company: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Company who holds the Installation Permit

Same as Owner

Same as Location

Company: \_\_\_\_\_ Contact Person \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Request is: (circle one)

Initial

Extension

### Length of Request: (circle one)

\$53.25 - \$103.25 - \$153.25

30 Days

60 Days

90 Days

### Unit is: (circle one)

New Construction

Alteration

### The intended use of the Elevator is for: (circle one)

Construction Purpose only

General Public

List of Violation not completed

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### This space for Elevator Section Only:

Approved                      Rejection                      by: \_\_\_\_\_                      Date: \_\_\_\_\_

DIC 4617 (revised 08/19/2013)