



Elevator Permit Application

Elevator Section
PO Box 44810
Olympia WA 98504-4810

Phone: 360-902-6130
ElevatorSect@Lni.wa.gov

Permit valid for one (1) year only. Each installation or alteration requires a separate permit. Please make checks payable to the Department of Labor & Industries.

Type of Permit - (Alterations require Conveyance Number only, while Renewals require both)

<input type="checkbox"/> New installation	<input type="checkbox"/> New alteration*	<input type="checkbox"/> Renewal**
*Alterations & **Renewals please provide:	Conveyance Number	Permit Number

Conveyance Contractor Information

Installation Company Name			
Elevator Contractor License Number		Elevator License Expiration Date	
Permit Contact Name	Permit Contact Phone Number	Permit Contact Email Address	
Elevator License Expiration Date			
Permit Mailing Address		City	State Zip Code

Application Fees

Contract Value** \$

****Contract Value should include labor and material costs**

Detailed Description of Alteration

Commercial Conveyance Type

Installing in an Existing Building? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Passenger Hydraulic	<input type="checkbox"/> Freight Hydraulic	<input type="checkbox"/> LULA	<input type="checkbox"/> Passenger Roped Hydraulic Elevator
<input type="checkbox"/> Passenger Cable	<input type="checkbox"/> Freight Cable	<input type="checkbox"/> Dumbwaiter	<input type="checkbox"/> Special Purpose
<input type="checkbox"/> Escalator	<input type="checkbox"/> WAC Material Lift	<input type="checkbox"/> Belt Man Lift	<input type="checkbox"/> Moving Walk
<input type="checkbox"/> Vertical Platform Lift	<input type="checkbox"/> Inclined Platform Lift	<input type="checkbox"/> Inclined Stairway Chairlift	<input type="checkbox"/> Electric Man Lift
<input type="checkbox"/> Freight Roped Hydraulic	<input type="checkbox"/> Hand Powered Freight	<input type="checkbox"/> Hand Powered Manlift	<input type="checkbox"/> Inclined Elevator
<input type="checkbox"/> Relocatable Lift	<input type="checkbox"/> Sidewalk Elevator	<input type="checkbox"/> Type A Material Lift	<input type="checkbox"/> Type B Material Lift
<input type="checkbox"/> Grain Elevator Personnel Lift	<input type="checkbox"/> Other: _____		

Residential Conveyance Type

- | | | |
|--|---|--|
| <input type="checkbox"/> Residential Elevator | <input type="checkbox"/> Residential Inclined Platform Lift | <input type="checkbox"/> Residential Dumbwaiter |
| <input type="checkbox"/> Residential Pneumatic Vacuum | <input type="checkbox"/> Residential Vertical Platform Lift | <input type="checkbox"/> Residential Inclined Elevator |
| <input type="checkbox"/> Residential Inclined Stairway Chairlift | <input type="checkbox"/> Other: _____ | |

Conveyance Specifications

Manufacturer		Model		Conveyance Designation (Car # etc.)	
Capacity	Rate Speed (FPM)		Up Speed (FPM)		Down Speed (FPM)
# of Landings	Rise in Feet		Net Travel		Car width (inches)
Car Length (inches)	Car Height (inches)		# of Front Openings		# of Rear Openings
Ft of Blind Hoistway		MRL <input type="checkbox"/> Yes <input type="checkbox"/> No		Location of Controller	
Controller Manufacturer			Controller Model Number		

Machine

- | | | | |
|---------------------------------------|------------------------------------|--|--|
| <input type="checkbox"/> Winding Drum | <input type="checkbox"/> Gearless | <input type="checkbox"/> Geared | <input type="checkbox"/> Hand Powered |
| <input type="checkbox"/> Screw Drive | <input type="checkbox"/> Scissor | <input type="checkbox"/> Friction | <input type="checkbox"/> Rack & Pinion |
| <input type="checkbox"/> Pneumatic | <input type="checkbox"/> Hydraulic | <input type="checkbox"/> Roped Hydraulic | |

Building Owner Information

Owner of Building		Owner UBI Number	
Contact Name	Contact Phone Number	Contact Email Address	
Address	City	State	Zip Code

Site Location Information

Site Location Building Name			
Site Location Physical Address	City	State	Zip Code