



Department of Community Development
 Building Inspections
 21 South Bruffey Street
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 Salem, VA 24153
 Phone: 540-375-3036 Fax: 540-375-4042
 Email: communitydev@salemva.gov

ELEVATOR PERMIT APPLICATION

Site Address:

Owner: Phone:

Contractor Name:

Phone #: Cell #: Fax #: Email:

Description of Work

New Work If performing a test - Type of test:

If above box is checked then a and b is required

a) Technician Signature/License. #:

b) Inspector signature/License#:

Existing Elevator Repair

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)

Contractor/Company Name:

Applicant Signature:

Applicant Print Name:

Date:

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: _____

printed

signature

License/Certification Number: _____ Expiration Date: _____

Technician Name: _____

printed

signature

License/Certification Number: _____ Expiration Date: _____

If performing a test - Type of test: Choose an item.

Pass

Fail

Description of Device and Location

Type of Elevator:

Passenger Freight Wheelchair Escalator Other: _____

Serial Number: _____ Location: _____

Inspector Name: _____ Date of Inspection: _____

printed

signature

License/Certification Number: _____ Expiration Date: _____

Technician Name: _____

printed

signature

License/Certification Number: _____ Expiration Date: _____

If performing a test - Type of test: Choose an item.

Pass

Fail

Description of Device and Location

Type of Elevator:

Passenger Freight Wheelchair Escalator Other: _____

Serial Number: _____ Location: _____

Inspector Name: _____ Date of Inspection: _____

printed

signature

License/Certification Number: _____ Expiration Date: _____

Technician Name: _____

printed

signature

License/Certification Number: _____ Expiration Date: _____

If performing a test - Type of test:

Pass

Fail

Description of Device and Location

Type of Elevator:

Passenger Freight Wheelchair Escalator Other: _____

Serial Number: _____ Location: _____

Inspector Name: _____ Date of Inspection: _____

printed

signature

License/Certification Number: _____ Expiration Date: _____

Technician Name: _____

printed

signature

License/Certification Number: _____ Expiration Date: _____

If performing a test - Type of test:

Pass

Fail

Description of Device and Location

Type of Elevator:

Passenger Freight Wheelchair Escalator Other: _____

Serial Number: _____ Location: _____

Inspector Name: _____ Date of Inspection: _____

printed

signature

License/Certification Number: _____ Expiration Date: _____

Technician Name: _____

printed

signature

License/Certification Number: _____ Expiration Date: _____

If performing a test - Type of test: Choose an item.

Pass

Fail

Description of Device and Location

Type of Elevator:

Passenger Freight Wheelchair Escalator Other: _____

Serial Number: _____ Location: _____

Inspector Name: _____ Date of Inspection: _____

printed

signature

License/Certification Number: _____ Expiration Date: _____

Technician Name: _____

printed

signature

License/Certification Number: _____ Expiration Date: _____

If performing a test - Type of test: Choose an item.

Pass

Fail