



**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](mailto:permits@harrisonburgva.gov). Additional information is available on our webpage at *new webpage*.

**PROPERTY INFORMATION**

Property Address \_\_\_\_\_ Residential: \_\_\_ Yes / \_\_\_ No

**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  |                                      |

**ELEVATOR DETAILS**

Code cycle (year): \_\_\_\_\_

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 \_\_\_\_\_

**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 # \_\_\_\_\_

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.

**OFFICE USE ONLY**

Fee: \$ \_\_\_\_\_ State Levy: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_

Paid:  Yes  No

Applicant Signature: \_\_\_\_\_

Received by: \_\_\_\_\_

**ADDITIONAL CONTACTS**

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-Mail

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Company

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Address

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