

Application for Elevator Permit

CITY OF VIRGINIA BEACH · PERMITS AND INSPECTIONS
 2875 Sabre Street, Suite 500 · Virginia Beach, VA 23452 · (757) 385-8065
 FAX (757) 385-5777 · www.vbgov.com/buildingpermits

Date: _____ Associated Permit #: _____

A permit is hereby requested for the following construction at:

Street Address: _____ Lot #/Suite #: _____
 GPIN: _____
 Owner/Occupant Name: _____ Owner Phone #: _____
 Email Address: _____ Cell Phone #: _____

Agent for Owner (responsible for maintenance):

Agent Name: _____ None Designated
 Street Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____
 Email Address: _____ Cell Phone #: _____

Contractor:

Company Name: _____ State Registration #: _____
 *Address: _____ *Phone: _____ *FAX: _____
 Email Address: _____ Cell Phone #: _____

**Provide this information when registering company for the first time or if change of address, phone, fax, or email.*

Contract Value: \$		Equipment:	New	Replacement	Modification	Repair
Residential	Commercial	Building Type:	New	Addition	Existing	Moved

Elevator/Lift Account Number: _____

Elevator/Lift Type:

- | | | |
|-------------------|--------------------|-----------------|
| Dumbwaiter | Manlift | Stair Lift |
| Construction Lift | Moving Walk | Wheelchair Lift |
| Escalator | Pool Chair Lift | |
| Freight Elevator | Passenger Elevator | |

Additional Information:

Approved By: _____ Date: _____
 Applicant's Name (Please Print): _____ Applicant's Signature: _____

I understand this permit is granted only for the work shown and described in this application.
 Any falsification, misrepresentation, or misleading information given **VOIDS** this permit.