

APPLICATION FOR ELEVATOR PERMIT

I hereby make application for an elevator permit to do all work in accordance with Title 50, Chapter 60, Section 709, MCA and ARM 24.301.606 (Rev. 11/14)

Accurate LOCATION and OWNER information is required for permitting

Property Address: _____ MT
City State Zip

Directions to Property: _____

County: _____ 17 digit GEOCODE: _____

Property Information _____ **Location of Unit in Building:** _____

Name of Building or Business in building: _____

Property Owner's Name: _____

Mailing Address: _____
City State Zip

Phone Number: _____ Email Address: _____

Elevator Contractor: _____ **Contractor License Number:** _____

Mailing Address: _____
City State Zip

Phone Number: _____ Email Address: _____

<p>Unit Type</p> <p><input type="checkbox"/> Chair Lift</p> <p><input type="checkbox"/> Dumbwaiter</p> <p><input type="checkbox"/> Escalator</p> <p><input type="checkbox"/> Freight Elevator</p> <p><input type="checkbox"/> HC Lift</p> <p><input type="checkbox"/> LU/LA</p> <p><input type="checkbox"/> Material Lift</p> <p><input type="checkbox"/> Moving Walk</p> <p><input type="checkbox"/> Passenger Elevator</p> <p><input type="checkbox"/> Sidewalk Elevator</p> <p><input type="checkbox"/> Special Service Elevator</p>	<p>System Type</p> <p><input type="checkbox"/> Electric</p> <p><input type="checkbox"/> Hydraulic</p> <p><input type="checkbox"/> Traction</p> <p><input type="checkbox"/> Other</p> <p>Work Type</p> <p><input type="checkbox"/> New</p> <p><input type="checkbox"/> Alteration - If Alteration, please provide the existing Unit Number: _____</p>	<p>Description of Conveyance Proposed</p> <p>_____ Number of Stops ***required***</p> <p>_____ Capacity</p> <p>_____ Speed (per minute)</p> <p>_____ Size of Platform (in. x in.)</p> <p>_____ Total Feet Traveled</p> <p>_____ Total Inches Traveled</p> <p>Manufacturer _____</p>
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Fee Schedule

Cost of System Installation	Passenger Elevator, Escalator, Moving Walk, and Lifts
• \$0 - \$40,000	\$200 plus \$50 per stop (***lifts are excluded from the per stop fee***)
• \$40,001 - or more	\$200 for the 1 st \$40,000 + \$3 for each additional \$1000 or fraction thereof + \$50 per stop

Project Value \$ _____ **Calculated Fee \$** _____

IT IS HEREBY AGREED THAT IF THIS APPLICATION IS APPROVED AND A PERMIT IS ISSUED, THE ELEVATOR CONTRACTOR WILL ENSURE THAT THIS ELEVATOR CONFORMS IN EVERY DETAIL WITH THE CODE REGULATING ELEVATORS IN THE STATE OF MONTANA. THE ELEVATOR CONTRACTOR UNDERSTANDS AND AGREES THAT THIS ELEVATOR CANNOT BE OPERATED UNTIL THE REQUIREMENTS OF THE STATE BUILDING CODES AND A CERTIFICATE OF OPERATION HAS BEEN ISSUED BY THE BUILDING CODES BUREAU. THE ELEVATOR CONTRACTOR AGREES THAT THE OWNER OF THE BUILDING WILL BE INFORMED OF THESE COMPLIANCE REQUIREMENTS.

Signature _____ Date _____
 Print _____

Mail To: Building Codes Bureau / PO Box 200517 / Helena, MT 59620-0517
Phone: (406) 841-2056 Fax: (406) 841-2050
Email: buildingcodes@mt.gov