

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. 1/2012)*

All Incomplete Applications will be Returned Unprocessed

LOCATION OF UNIT Accurate LOCATION and OWNER information is required for permitting.

Property Address _____ City _____ State **MT** Zip _____

Directions to property _____

County _____ Is job located inside city limits? Yes No

OTHER PROPERTY INFORMATION Location of Unit in Building

Name of Building or Businesses in building _____

17 digit GEOCODE _____ Parcel Number _____ Lot _____ Block _____

Size of Property (acres) _____ Section _____ Township _____ Range _____

Property Owner's Name

Mailing Address _____ City _____ State _____ Zip _____

Email _____ Phone _____

Elevator Contractor License Number

Mailing Address _____ City _____ State _____ Zip _____

Email _____ Phone _____

Unit Type	System type	Description of Lift Proposed
<input type="checkbox"/> Chair Lift	<input type="checkbox"/> Electric	Number of Floors traveled _____
<input type="checkbox"/> Dumbwaiter	<input type="checkbox"/> Hydraulic	Capacity _____
<input type="checkbox"/> Escalator	<input type="checkbox"/> Traction	Size of Platform (<i>in. x in.</i>) _____
<input type="checkbox"/> Freight Elevator	<input type="checkbox"/> Other	Total Feet Traveled _____
<input type="checkbox"/> HC Lift		Total Inches Traveled _____
<input type="checkbox"/> LU/LA	Work Type	Speed (per minute) _____
<input type="checkbox"/> Material Lift	<input type="checkbox"/> New	
<input type="checkbox"/> Moving walk	<input type="checkbox"/> Alteration - Existing Unit Number _____	
<input type="checkbox"/> Passenger Elevator	Please explain why the elevator is being altered _____	
<input type="checkbox"/> Sidewalk Elevator	_____	
<input type="checkbox"/> Special service Elevator		
	Project Value	\$ _____
	Calculated Fee	\$ _____

Fee Schedule	
<u>Cost of System</u>	<u>Passenger elevator, escalator moving walk and lift</u>
0-40,000	\$55.00
40,001-or more	\$55.00 for the 1st \$40,000 + \$1.00 for each additional \$1,000 or fraction thereof

The annual certificates of inspection fees shall be as follows:

(a) Fees when inspection are made by the department, for each elevator escalator or moving walk and lift (also applies to follow-up inspection done after certified inspector's inspection) - \$100.00

(c) Fees when inspections are made by the department for each lift (also applies to follow-up inspection done after certified inspector's inspection) - \$70.00

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 _____

NOTE: If the property cannot be not properly identified, your application will not be processed.

**MAIL TO: DEPARTMENT OF LABOR AND INDUSTRY / BCB/ PO BOX 200517 / HELENA, MT 59620-0517
 Phone: (406) 841-2056 You can also apply online at BuildingPermits.Mt.Gov**