

APPLICATION FOR ELEVATOR PERMIT

I hereby make application for a permit to do electrical work in accordance with all Title 50, Chapter 60, Section 709 MCA, and ARM 24.301.606 (Rev. 12/25)

*****All incomplete applications will be returned unprocessed*****

Property Address City State Zip

Directions to Property

County 17 digit geocode

Name of Building or Business in Building

Property Owners Name

Mailing Address City State Zip

Phone Number Email

Elevator Contractor Contractor License Number

Contractor Mailing Address City State Zip

Contractor Phone Number Contractor Email

Unit Type:	System Type:	Description of Conveyance Proposed:
Chair Lift	Electric	Number of Stops
Dumbwaiter	Hydraulic	Capacity
Escalator	Traction	Speed (per minute)
Freight Elevator	Other	Size of Platform (in. x in.)
HC Lift		Total Feet Traveled
LU/LA		Total Inches Traveled
Material Lift	Work Type:	
Moving Walk	New	
Passenger Elevator	Alteration – Provide existing record	
Sidewalk Elevator	number	Manufacturer:
Special Service Elevator		

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 each for each additional \$1,000 or fraction thereof + \$50 per stop	
Project Value \$	Calculated Fee \$	
In addition to the above permit fee, you will also be charged for the initial inspection fee:		
• Elevator, escalator, and moving walk.....	\$140	
• Lifts	\$100	
Calculated Fee (from above) \$	+ Inspection Fee \$	= Total Fee \$

It is hereby agreed that if this application is approved and a permit is issued, the elevator contractor will ensure 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

Print

Date

Make check payable to Building Codes and send with application to:
DEPARTMENT OF LABOR & INDUSTRY | BCB | PO BOX 200517 | HELENA, MT 59620-0517
 PHONE: (406) 841-2056 | You can also apply online at <https://aca-prod.accela.com/bcb/>