

# 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: \_\_\_\_\_

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

**Fee Schedule**

Cost of System Installation	Passenger Elevator, Escalator, Moving Walk, and Lifts
<ul style="list-style-type: none"> <li>• \$0 - \$40,000</li> <li>• \$40,001 - or more</li> </ul>	\$200 plus \$50 per stop ( <b>***lifts are excluded from the per stop fee***</b> ) \$200 for the 1 <sup>st</sup> \$40,000 + \$3 for each additional \$1000 or fraction thereof + \$50 per stop
<b>Project Value \$</b> _____	<b>Calculated Fee \$</b> _____

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](mailto:buildingcodes@mt.gov)**