CITY OF ST. PAUL

DEPARTMENT OF SAFETY AND INSPECTIONS
375 JACKSON STREET, SUITE 220
ST. PAUL, MINNESOTA 55101-1806

ELEVATING DEVICE PERMIT APPLICATION

Visit our Web Site at **www.stpaul.gov/dsi**

Section I - INFORMATIONAL

PROJECT ADDRESS	Number	Street Name	St. Ave. Blvd. Etc.	N S E W	Suite/Apt.	Building Name	Date

Contractor (Include Contact Person)	Address City State, Zip+4 (Permit will be mailed to the Contractor's Address)	Phone
Contractor's Email:		
Property Owner (Include Contact Person)	Address City State, Zip+4	Phone

New ☐	Repair ☐	Modernization ☐	Estimated Start Date	**ESTIMATED VALUE OF WORK**
Commercial ☐	Residential Enter Number of Dwelling Units ☐		Estimated Completion Date	

Section II Scope of Work (See Back of Form for fee schedule.)

Unit Data Circle to Indicate	Passenger	Freight	Escalator / Moving Walk	Accessibility Lift**	Limited Use Limited Access	Material Lift	Dumbwaiter	Other:

Manufacturer Number	Manufacturer Make	Capacity (Pounds)	Speed FPM	Car Weight (pounds)	Description of Car Enclosure	Number of Entrances

Door Type	Center Opening	Side Slide	Two Speed Side Slide	Two Speed Center Opening	Bi-Parting	Power Operated Bi-Parting	Swing	Other

Class of Loading A B C1 C2 C3	**Safety Device Type** A B C Broken Rope	**Net Inside Platform Area** Square Feet:

Equipment Data Circle to Indicate	**Elevator/ Lift Type**	Traction	Hydraulic	Roped Hydraulic	Gearless	Drum	Other:

Machine Sheave Size (Inches)	Motor HP	**Operating Pressure PSI**	Normal	Full	Relief	**Governor Type**	Flyball	Centrifugal

Hoistway Data Circle to Indicate	Number of Floors	Number of Openings	**Travel** Feet Inches	**Hoist Ropes** Quantity Size (inches)	**Governor Rope** Size
	Piston Diameter (inches)	**Type of Buffer** Oil Spring Solid Gas Spring Return			
	Guide Rails Type/Weight	**Car**	**Counterweight**		

City Number of Unit: ☐
(Enter # for Repair / Modernization Permit -Leave Blank for New)

Inspector's Approval:

Permit Number : (Office Use Only)

Brief Description of Job, Location in Building, Floor, and Other Comments:

SUMMARY OF FEES	
Permit Fee (see back of form)	$
State Surcharge (Minimum 50 ¢)	$
Total Permit Fee	$

Applicant certifies that all information is correct and that all pertinent state regulations and city ordinances will be compiled within performing the work for which this permit is issued.

Applicant's Signature (Master Elevator Constructor License Holder)

Signature of Cardholder (required for all charges): _____

☐ **AMEX** ☐ **Discover** ☐ **MasterCard** ☐ **Visa**

Security Code ► | **Month /Year** →

Enter Account Number →

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Enter Account Number →

If you are paying for your permit by *American Express, Discover, MasterCard or Visa,* you may fax your application.
The credit card information section must be filled in and signed.
Our FAX number is 651-266-9124. If paying by check, please mail application and check to us.

Effective 01/01/2009

INSTRUCTIONS FOR FEE CALCULATION

New construction, repairs and modernization of existing devices:

One and one-half percent of (.015 times) the total valuation of the work with a minimum fee of $125.00.

The State surcharge is based on the valuation of the job:

$1.00 to $1000.00 is a 50¢ surcharge.
$1001.00 and up is .0005 times the value of the job.

ALL WORK MUST COMPLY WITH THE LATEST ADDITION OF A18.1, A17.1, A17.3 AND THE MINNESOTA STATE CODE SECTIONS 1307 AND 1341.

**** Limited Use / Limited Access or Accessibility Lift ****

Prior approval is required for installation.
Contact the Elevator Inspector between 7:30- 9:00 a.m. at 651-266-9010.

If you have any questions, please call the field inspector, 651-266-9010. Field Inspectors Office Hours are 7:30 to 9:00 a.m., Monday through Friday.

Permit Fee Information: 651-266-8989.

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