

Date: \_\_\_\_\_

Permit # EV \_\_\_\_\_

Permit Fee: \_\_\_\_\_

### ELEVATOR PERMIT APPLICATION

City of Newport News  
Department of Codes Compliance  
2400 Washington Avenue 3<sup>rd</sup> floor, Newport News, Virginia 23607  
757-933-2311/757-926-8311 (fax) /codesclerical@nnva.gov (email)  
www.nnva.gov/codes-compliance

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

Associated Building Permit #: \_\_\_\_\_

Building Permit #: \_\_\_\_\_

Project Address: \_\_\_\_\_ Unit: \_\_\_\_\_ Parcel ID: \_\_\_\_\_

Applicant (Check One) →  Owner  Contractor  Agent  Design Professional

<input type="checkbox"/> Property Owner <input type="checkbox"/> Tenant Name _____ Address _____ City/State/Zip _____ Phone # _____ Fax # _____ Email Address _____	Applicant Name _____ Phone # _____ Applicant Address _____ Contractor Business Name _____ Phone # _____ Contractor Address _____ Contractor State License # _____ Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C CID # _____ Email/Other Contact Information _____
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**Work to be performed on:**

**Type of work:**

- |                                       |  |                                     |
|---------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Residential  | <input type="checkbox"/> New Structure | <input type="checkbox"/> Repair/Alt |
| <input type="checkbox"/> Commercial   | <input type="checkbox"/> Addition      | <input type="checkbox"/> Other      |
| <input type="checkbox"/> Multi-Family | Project Cost \$ _____                  |                                     |

I agree to perform above work in compliance with the ordinances & regulations of the City of Newport News and the Virginia Uniform Statewide Building Code.

Print name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Remarks \_\_\_\_\_

#### QUANTITY & TYPE OF EQUIPMENT

<input type="checkbox"/> Passenger Elevator <input type="checkbox"/> Moving Walk <input type="checkbox"/> Freight Elevator <input type="checkbox"/> Wheel Chair Lift <input type="checkbox"/> Dumbwaiter <input type="checkbox"/> Stairway Lift <input type="checkbox"/> Escalator Lift <input type="checkbox"/> Material Lift <input type="checkbox"/> Man Lift	<b>Powered By:</b> <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand Powered <input type="checkbox"/> Other	<b>Machine Type:</b> <input type="checkbox"/> Traction <input type="checkbox"/> Gearless Traction <input type="checkbox"/> Drum <input type="checkbox"/> Screw <input type="checkbox"/> Hydraulic <input type="checkbox"/> Roped Hydraulic <input type="checkbox"/> Rack & Pinion	<b>Safety Type:</b> <input type="checkbox"/> Broken Rope <input type="checkbox"/> Instantaneous <input type="checkbox"/> Gradual <input type="checkbox"/> Type A with Oil Buffers <input type="checkbox"/> Relief Valve	<b>Inspection Type:</b> <input type="checkbox"/> Hydraulic Jack <input type="checkbox"/> Pit <input type="checkbox"/> Hoist way <input type="checkbox"/> Machine Room <input type="checkbox"/> Rough In <input type="checkbox"/> Final	Other _____ _____
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**Office Use Only**

Remarks: \_\_\_\_\_

Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Escrow: \_\_\_\_\_

Customer ID: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Cashier: \_\_\_\_\_