



# CITY OF BUFFALO

## DEPARTMENT OF PERMIT & INSPECTION SERVICES

Byron W. Brown, Mayor  
James W. Comerford, Commissioner

### ELEVATOR/CONVEYANCE PERMIT APPLICATION

DATE \_\_\_\_\_

PERMIT # \_\_\_\_\_

PERMIT FEE \_\_\_\_\_

Approved _____
Disapproved _____
For Office Use

Applicant {Elevator Installer} \_\_\_\_\_

Phone No \_\_\_\_\_

Mailing Address \_\_\_\_\_

License No \_\_\_\_\_

General Contractor \_\_\_\_\_

Phone No \_\_\_\_\_

Mailing Address \_\_\_\_\_

License No \_\_\_\_\_

Property Owner \_\_\_\_\_

Phone No \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone No \_\_\_\_\_

Project Location {street address} \_\_\_\_\_

Phone No \_\_\_\_\_

#### TYPE OF CONVEYANCE

# _____ Passenger Elevator	# of stops _____	Speed _____
# _____ Freight Elevator	# of stops _____	Capacity _____
# _____ W.C. Lift Interior ( ) Exterior ( ) Comm. ( ) Private ( )	# of stops _____	Openings _____
# _____ Stairway Chairlift	# of stops _____	Travel _____
# _____ Dumbwaiter	# of stops _____	Machine Type _____
# _____ Escalator	# of stops _____	Machine Location _____
# _____ Moving Walk	# of stops _____	Doors {Manual/Power} _____

COST OF WORK \$ \_\_\_\_\_

REMARKS \_\_\_\_\_

Under Penalties of Perjury, I declare that I have examined this application and have read all the above statements and know the contents thereof and declare that the same is true.

Date \_\_\_\_\_

Signature (Installer or Agent) \_\_\_\_\_

#### ELEVATOR INSPECTIONS

65 Niagara Square, Room 313 City Hall Φ Buffalo, New York 14202-3303  
Phone: (716) 851-4290 Φ Fax: (716) 851-4952 Φ jschiavone@ch.ci.buffalo.ny.us