

**VERTICAL TRANSPORTATION  
PERMIT APPLICATION**

Commercial Inspections Division  
12055 Government Center Parkway  
Suite 630  
Fairfax, Virginia 22035-5504  
**703-324-1910**, opt. "2" then "2", **TTY 711**  
*www.fairfaxcounty.gov/buildingpermits*  
Tax Map # \_\_\_\_\_



County use only

Elevator # \_\_\_\_\_  
\$ \_\_\_\_\_  
Parent Building # \_\_\_\_\_

**Job Location**

Street Address \_\_\_\_\_  
Building Name \_\_\_\_\_

**Owner Information**

Name \_\_\_\_\_  Owner  Tenant  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

**Contractor Information**

Company Name \_\_\_\_\_  
Address \_\_\_\_\_ Contractor ID # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
State Contractor's License # \_\_\_\_\_ County BPOL # \_\_\_\_\_

**Applicant Information**

Name \_\_\_\_\_ Contact ID # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

**Description of Work**

New Equipment: Equipment Number(s) \_\_\_\_\_  
 Repair/Replace: Equipment Number(s) \_\_\_\_\_  
 Modernize: Equipment Number(s) \_\_\_\_\_  
Contract Value \$ \_\_\_\_\_ Value of Listed Equipment \$ \_\_\_\_\_

I hereby certify that I have authority to make this application, that the information is complete and correct, and that the construction and/or use will conform to the building code, the zoning ordinance and other applicable laws and regulations which relate to the property.

Signature of Owner, Contractor or Agent \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

**COUNTY USE ONLY**

Licensing approved by \_\_\_\_\_ Date \_\_\_\_\_

Approved for issuance of permit \_\_\_\_\_ Date \_\_\_\_\_

## Vertical Transportation and Conveying Systems Equipment

### QTY DESCRIPTION

\_\_\_\_\_ Construction Elevator  
\_\_\_\_\_ Conveyor  
\_\_\_\_\_ Dumbwaiter, Hand  
\_\_\_\_\_ Dumbwaiter, Power  
\_\_\_\_\_ Elevator, Freight/# of floors \_\_\_\_\_  
\_\_\_\_\_ Elevator, Passenger/# of floors \_\_\_\_\_  
\_\_\_\_\_ Elevator Repair/Modernization, freight  
\_\_\_\_\_ Elevator Repair/Modernization, passenger  
\_\_\_\_\_ Escalator

### QTY DESCRIPTION

\_\_\_\_\_ Escalator Repair/Modernization  
\_\_\_\_\_ Manlift  
\_\_\_\_\_ Moving Walk  
\_\_\_\_\_ Private Chair Lift  
\_\_\_\_\_ Private Residential Elevator  
\_\_\_\_\_ Sidewalk Elevator, Hand  
\_\_\_\_\_ Sidewalk Elevator, Power  
\_\_\_\_\_ Temporary Personnel/Material Hoist  
\_\_\_\_\_ Wheelchair Lift  
\_\_\_\_\_ Other: Description \_\_\_\_\_

## Inspections

Vertical transportation inspections are scheduled by directly contacting the inspection firm listed below. The **permit holder is responsible for contacting the inspection firm** and scheduling the required inspections.

### NEIS - National Elevator Inspection Services

703-690-7980, TTY 711

## Expiration of Permits

An issued permit is non-transferable and shall become void if the authorized work has **not commenced within six months after issuance**, or if the **work is suspended for a period of six or more months** after having commenced. Requests for permit extensions may be made in writing to the Commercial Inspections Division at 12055 Government Center Parkway, Suite 630, Fairfax, VA 22035-5504, by fax at 703-653-7070 or by email at [dpwesbuildinginspections@fairfaxcounty.gov](mailto:dpwesbuildinginspections@fairfaxcounty.gov). Requests must be received prior to the expiration of the permit.



Department of Public Works and Environmental Services  
Commercial Inspections Division

**SUPPLEMENTAL INFORMATION FOR  
INSTALLATION OF VERTICAL TRANSPORTATION**

**Type of Vertical Transportation Installation**

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

Passenger     Freight     Combination     Other Type: \_\_\_\_\_

Owner name: \_\_\_\_\_

Address of machinery: \_\_\_\_\_ Unit #: \_\_\_\_\_

Lot #: \_\_\_\_\_ Block: \_\_\_\_\_ Map #: \_\_\_\_\_

Contractor name: \_\_\_\_\_ Address: \_\_\_\_\_

**Building Information**

Material of building: \_\_\_\_\_ Current use: \_\_\_\_\_ Number of stories: \_\_\_\_\_

Is building fully sprinklered?  Yes  No

**Vertical Transportation Information**

Number of units to install: \_\_\_\_\_ Cost of installation: \$ \_\_\_\_\_

Location of machine:  Machine room  MRL

Where located in building: \_\_\_\_\_

Size of car: \_\_\_\_\_ Material: \_\_\_\_\_

Weight: \_\_\_\_\_ Platform area: \_\_\_\_\_

Capacity of car: \_\_\_\_\_ Speed per minute: \_\_\_\_\_

Travel: \_\_\_\_\_ Purpose: \_\_\_\_\_

Will machine be capable of lifting 75 lbs per sq. ft. of floor area?  Yes  No

Will any wood be used in the framing of car?  Yes  No

Motive power:  Hydraulic  Electric  Other: \_\_\_\_\_

**Power Supply/Control**

Volts: \_\_\_\_\_ Amperes: \_\_\_\_\_

Motor H.P.: \_\_\_\_\_ Location of motor: \_\_\_\_\_

Insulated or grounded: \_\_\_\_\_ Foundations: \_\_\_\_\_

Independent circuit?  Yes  No    Size of wires: \_\_\_\_\_    Electrical brake?  Yes  No

Will elevator be equipped with overload or underload circuit breaker?  Yes  No

Will all wiring be in steel or metallic conduit?  Yes  No

Slack cable device: \_\_\_\_\_ Location of controller: \_\_\_\_\_

Type of controller: \_\_\_\_\_ Will hatchway limit switches be used?  Yes  No

**Pit/Refuge/Counterweight/Supports**

Type of buffer:  Oil  Gas  Polyurethane  Spring    Refuge space: \_\_\_\_\_

Distance: Top of car to lowest point of overhead: \_\_\_\_\_ Bottom of car to pit: \_\_\_\_\_

Size of beams supporting overhead wires: \_\_\_\_\_ How supported? \_\_\_\_\_

Capacity of grating under overhead: \_\_\_\_\_ Thickness of slab: \_\_\_\_\_

Number of counterweight ropes: \_\_\_\_\_

Weight: Car counterweight: \_\_\_\_\_ Weight: Drum counterweight: \_\_\_\_\_

### **Suspension Means**

Number of hoisting ropes: \_\_\_\_\_ Diameter: \_\_\_\_\_

Material: \_\_\_\_\_

Diameter of hoisting sheave: \_\_\_\_\_ Diameter of counterweight sheave: \_\_\_\_\_

Diameter of drum: \_\_\_\_\_

Size and material of car guide rails: \_\_\_\_\_

Weight per foot of car guide rails: \_\_\_\_\_

Size and material of counterweight rails: \_\_\_\_\_

Weight per foot of counterweight rails: \_\_\_\_\_

Distance between car guide and weight rail brackets: \_\_\_\_\_

### **Safeties**

Type of governor: \_\_\_\_\_ Trip speed: \_\_\_\_\_

Size and type of governor rope: \_\_\_\_\_

Will equalizers be used?  Yes  No If yes, location of equalizers: \_\_\_\_\_

Type of safeties: \_\_\_\_\_

### **Cabs**

Type of door on car: \_\_\_\_\_

Type of door contact: \_\_\_\_\_ Wire glass used in enclosure: \_\_\_\_\_

Thickness and size of panel: \_\_\_\_\_ Size of shaft: \_\_\_\_\_

Size of ventilation: \_\_\_\_\_ Ventilation Type: \_\_\_\_\_

Location of tank: \_\_\_\_\_ Hydraulic/oil relief pressure: \_\_\_\_\_

How will elevator be controlled? \_\_\_\_\_

Type of shaft enclosure: \_\_\_\_\_

What factor of safety has been allowed for the apparatus? \_\_\_\_\_

**Signature of Elevator Contractor:** \_\_\_\_\_

Address: \_\_\_\_\_

**RECOMMENDED FOR PERMIT?**  Yes  No

Signature of Elevator Inspector: \_\_\_\_\_ Date: \_\_\_\_\_