

CITY OF CHICAGO
DEPARTMENT OF BUILDINGS
Elevator Installation Permit Application

File No. _____ PIN _____

Building Permit # _____ GBL _____

FEIN _____

Ward _____

CACT _____

Date _____ No. of Floors _____ Fee _____

Application is hereby made to install/repair elevators on property:

Located at _____

Owned by _____

Address _____

Type of Elevators _____

Elevator Contractor _____

Address _____ Zip Code _____

Phone No. _____

Installation to be ready for inspection not later than

Date _____, 20 _____ A.M./P.M.

The undersigned applicant hereby certifies to the correctness of the above.

Cost of Installation _____

Name _____ Signature _____

Address _____ Zip Code _____ Phone # _____

Permit Issued _____, 20 _____ By _____

