



City of Vestavia Hills, Alabama  
**Department of Building Safety**

**ELEVATOR SHAFT & SERVICE EQUIPMENT APPLICATION**

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

JOB ADDRESS \_\_\_\_\_

SUBDIVISION \_\_\_\_\_ LOT \_\_\_\_\_ BLOCK \_\_\_\_\_

OWNERS NAME \_\_\_\_\_

TYPE OF ELEVATOR	TYPE OF OCCUPANCY	WORK TO BE DONE IN
<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> NEW BUILDING
<input type="checkbox"/> HYDRAULIC	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> BUILDING ADDITION
	<input type="checkbox"/> OTHER	<input type="checkbox"/> EXISTING BUILDING

DESCRIPTION OF WORK	SUB-CONTRACTORS
_____	ELECTRIC _____
_____	HYDRAULIC _____

**PERMIT FEE: \$9.00 PER \$1,000 PLUS \$41.00 ISSUANCE FEE (Minimum Fee \$50.00)**

CONTRACT COST \$ \_\_\_\_\_ PERMIT FEE \$ \_\_\_\_\_

**SUBMITTAL REQUEST**

LOCATION OF ELEVATOR \_\_\_\_\_

FLOOR PLAN     
  SUMP PUMP     
  PIT PLAN/CROSS SECTION  
 CROSS SECTION OF SHAFT     
  SHAFT FRAMING PLAN     
  COPY OF STATE ELEVATOR PERMIT  
(A STATE OF ALABAMA PERMIT IS REQUIRED FOR THE ELEVATOR INSTALLATION)

COMPANY NAME \_\_\_\_\_ E-MAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET STATE ZIP CODE PHONE #

OFFICE PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

I HEREBY CERTIFY THAT I HAVE READ THIS APPLICATION AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT AND THAT I AGREE TO COMPLY WITH ALL CITY ORDINANCES AND STATE LAWS REGULATING BUILDING CONSTRUCTION. I AM THE OWNER OR CONTRACTOR ACTING AS THE OWNER'S AGENT FOR THE HEREIN DESCRIBED WORK.

\_\_\_\_\_  
*Signature of Contractor or Authorized Agent* DATE \_\_\_\_\_

FOR OFFICE USE ONLY	
APPROVED _____ <small>BUILDING OFFICIAL DATE</small>	COMMENTS _____ _____ _____