



**TOWN OF CAPE CHARLES
APPLICATION FOR ELEVATOR PERMIT**

Date _____

BUILDING PERMITS NUMBER: _____

(IF APPLICABLE)

A permit is hereby requested to install the following elevator at:

Street address: _____ Lot # / Suite # _____

Owner / Occupant Name: _____

Builder: _____

Building: ___ New ___ Existing ___ Addition ___ Moved

Type of elevator to be installed:

Passenger Elevator	_____
Freight Elevator	_____
Dumbwaiter	_____
Escalator	_____
Manlift	_____
Moving Walk	_____

Additional information: _____

Applicant's Company Name: _____

State Registration # (Class A, B or C): _____

Signed: _____

Contract Value: \$ _____ Fee: \$ _____

I understand this permit is granted only for the work shown and described in this application. Any falsification, misrepresentation or misleading information given VOIDS this permit.