



City of Seattle
Department of Construction and Inspections

Mailing Address: 700 5th Ave, Suite 2000, PO Box 34019, Seattle, WA 98124-4019
Phone: (206) 684-8464 or (206) 386-40TC **Website:** www.seattle.gov/sdci
Questions: www.seattle.gov/sdci/about-us/contact-us
ASC Hours: M / W / F 8:00-4:00 & Tu / Th 10:30-4:00



Work Site Address: _____ **Zip:** _____
Building Name: _____ **Machine Room Location:** _____
Description of Work: _____

WORK SITE OWNER/TENANT INFORMATION	CONTRACTOR INFORMATION
<input type="checkbox"/> Owner <input type="checkbox"/> Tenant Name: _____ Phone: _____ Address: _____ Unit/Suite No.: _____ City & State: _____ Zip: _____	State Elevator License #: _____ City of Seattle Bus Lic#: _____ Company Name: _____ Phone: _____ Address: _____ Suite No.: _____ City & State: _____ Zip: _____

- New Installation / Relocation Alterations / Repairs (Requires Declared Value): \$ _____
 Cosmetic < 5% Weight Differential Cosmetic > 5% Weight Differential
 Extension of Temporary Operating Permit (Must Provide Corresponding Permit #): _____
 Temporary Operating Permit Alter/Replace Door Device (Quantity): _____
 Re-inspection (Must Provide Corresponding Permit #): _____
Conveyance #: _____ **Owner's Conveyance ID:** _____ **Manufacturer:** _____

CONVEYANCE TYPE - REQUIRED INFO FOR PROCESSING	
<input type="checkbox"/> Residential <input type="checkbox"/> Cable Geared/Gearless <input type="checkbox"/> Hydraulic Elevator <input type="checkbox"/> Roped Hydraulic <input type="checkbox"/> Accessibility Lift (Vertical/Inclined) <input type="checkbox"/> Material Lift <input type="checkbox"/> Other Conveyance Type <input type="checkbox"/> Code Alternate <input type="checkbox"/> Dumbwaiter (Manual Doors) <input type="checkbox"/> Dumbwaiter (Power Doors)	ELEVATOR USE: <input type="checkbox"/> Freight Elevator <input type="checkbox"/> Passenger Elevator Rise in feet: _____ # of Stories: _____ NUMBER OF OPENINGS (ALWAYS REQUIRED): Front: _____ Rear: _____ Total: _____ CAR SIZE: Width in feet: _____ Length in feet: _____ Height in feet: _____ CONTRACT CAPACITY: _____ pounds SPEED: _____ fpm
ESCALATOR / MOVING WALK INFORMATION	
Rise in feet: _____ Run in feet: _____ Width in inches: _____ Speed _____ FPM	

The revised Code of Washington (R.C.W. 70.87) requires that all conveyance installations, relocations, or alterations be performed by a licensed elevator contractor employing a licensed elevator mechanic.

I certify that the work to be performed under this application will be done in conformance with the City of Seattle Municipal Code.

Signature: _____ **Date of Application:** _____

Contractor or Owner (or Authorized Agent)

PAYMENT & MAILING INSTRUCTIONS:

Mail checks w/ application to: City of Seattle, Attn: OTC
 700 5th Ave #2000, P.O. Box 34019, Seattle, WA 98124-1234
 Charge my escrow (ADA) account Call for a credit card number _____
Contact Name

Seattle DCI USE ONLY:

Permit #: _____
Permit Fee: _____

NOTE: New permit application requests as well as written requests to make changes to a permit which are received via email are processed within 2 working days from the date we receive them then they are sent off for review.
 Revised: January 2016