



**TOWN OF CAPE CHARLES
APPLICATION FOR ELEVATOR PERMIT
PLEASE FILL OUT FORM COMPLETELY**

Date _____

BUILDING PERMITS NUMBER: _____

(IF APPLICABLE)

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

Street address: _____

Owner Name & Mailing Address: _____

Owner Phone #: _____

Builder Name & Phone #: _____

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): _____

Signature: _____ Print: _____

Contract Value: \$ _____ Fee: \$ _____

Email Address: _____ Fax #: _____

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.

**Municipal Building – 2 Plum Street – Cape Charles, Virginia 23310
(757) 331-2176 Fax (757) 331-4820**