



**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**