



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 **Permit Counter Email:** otcpermits@seattle.gov  
**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<br><b>Name:</b> _____<br><b>Phone:</b> _____<br><b>Address:</b> _____<br><b>Unit/Suite No.:</b> _____<br><b>City &amp; State:</b> _____ <b>Zip:</b> _____ | <b>State Elevator License #:</b> _____<br><b>City of Seattle Bus Lic#:</b> _____<br><b>Company Name:</b> _____<br><b>Phone:</b> _____<br><b>Address:</b> _____<br><b>Suite No.:</b> _____<br><b>City &amp; State:</b> _____ <b>Zip:</b> _____ |

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

**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