



Commonwealth of Kentucky
Public Protection Cabinet
Department of Housing, Buildings and Construction
Division of Building Code Enforcement
Elevator Section
101 Sea Hero Road, Suite 100
Frankfort, Kentucky 40601-5412
Telephone: 502-573-1694 Fax: 502-573-1059



ELEVATOR ALTERATION PERMIT APPLICATION

Application is hereby made to the Elevator Section within the Division of Building Codes Enforcement for one unit as identified below:

Is the Unit State Owned? ___ Yes ___ No	Certificate Number:
Type of Unit:	Drive Or Suspension Means:
Speed (per minute): _____ fpm	Capacity:
Horsepower of Motor:	Number of Openings: _____ Front _____ Rear
Describe in detail the alterations proposed to identified unit. Attach additional pages if necessary.	

<u>Location of Unit:</u> Name: Address: Email: Phone Number:	<u>Name of Owner if different from location name</u> Name: Address: Email: Phone Number:
<u>Elevator Co.</u> Name: Address: Email: Phone Number:	Application Fee: \$ Additional Notes:
Invoice #: Date of Approval:	Approval Signature