



**CITY OF WEST MIAMI
Building Department**

**901 SW 62 AVENUE
West Miami, FL 33144**

Ph: (305) 266-4214

Fax: (305) 266-6574

www.cityofwestmiamifl.com

SECTION 1 - ELEVATOR INFORMATION

As provided on the Permit to Install, Alter or Relocate or the previous Certificate of Operation

Serial Number Serial Number must be provided or form will be returned	Capacity:	Landings:	n/a if Escalator	Mfg. Ser #:
	Speed:	Type of Equipment:		

SECTION 2 – BUILDING INFORMATION

Note: If the information below has changed since the Permit to Install, Alter or Relocate was issued, please provide the updated information.

Name of Building or D/B/A Name (enter Business name or Doing Business As Name or Name of the Building)			
Main Address (enter building address)			
City	County	State	Zip Code
FOLIO Number: (required)	Change of Owner or Manager: Yes No		

MANAGEMENT or MAILING INFORMATION

Name of Management Company, or responsible party for managing building.			Mail Bill to: Y N
Mailing Address			
City		State	Zip Code

CONTACT INFORMATION

Contact Name	Primary Business Phone Number
Primary E-Mail Address	Alternate Phone Number or Fax Number

SECTION 3 – OWNER INFORMATION

Organization or Owner Name			Mail Bill to: Y N
Address		Primary Phone Number	
City		State	Zip Code

SECTION 4 – APPLICANT SIGNATURE

Authorized Signature of Applicant	Date Signed
Federal I.D. or Corporate Tax Number	Date Submitted