

MISSISSIPPI INSURANCE DEPARTMENT

MIKE CHANEY Commissioner of Insurance State Fire Marshal

MARK HAIRE Deputy Commissioner of Insurance 501 N. WEST STREET, SUITE 1001 WOOLFOLK BUILDING JACKSON, MISSISSIPPI 39201 www.mid.ms.gov

MAILING ADDRESS Post Office Box 79 Jackson, Mississippi 39205-0079 TELEPHONE: (601) 359-3569 FAX: (601) 359-2474

Application for Permit to Install or Alter

Elevators/Conveyances

		New Installation Alteration			
Installer					
Address 1					
City / Zip					
Contact Name & Phone #					
Email Address					
Loc of Installation					
Address 1					
City / Zip/County		ZIP Count	У		
Equipment Information:			Project Start Date:		
Equipment Manufacturer		Drive Information:	Speed (fpm)	Capacity	No. of
		Traction Hydraulic Both Other explain		Suparity	Pass
Type Elevator or Equipme	ent:		4	1	
Passenger 🗌 Freight 🗌 Other 🗌 (explain)] Esc [] R	esidential 🗌 DW 📄 Platform lift	Stairway L	.ift 🗌 Mov	ing Walk 🗌
V 'n "		Each installation permit is \$100.0	00		
χ · · · · ·	· · ·o				
An acceptance inspection is	required befor	e turning the elevator over for public use.	The Acceptance ir	spection price	is \$300.00 plus
\$15.00 per floor. If additiona	al inspections a	re required they will be billed at \$250.00 p	er inspection/per	unit. The Acce	eptance
		Company upon completion of the inspectio			
Number of Openings	Rise	(feet and inches) Seria	l #		
Mail this application along with Permit fees Two(2) final field erection	the required ite	ems to address listed above. Applications v	will not be process		
		OFFICIAL USE ONLY			
Approved by: Check #					

 Permit Number_____

 Signature of Chief Inspector______
 Date ____/____

 Permit expires 12 months from the date issued
 Date ____/____