



MISSISSIPPI INSURANCE DEPARTMENT

501 N. WEST STREET, SUITE 1001
WOOLFOLK BUILDING
JACKSON, MISSISSIPPI 39201
www.mid.ms.gov

MIKE CHANEY
Commissioner of Insurance
State Fire Marshal

MARK HAIRE
Deputy Commissioner of Insurance

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

APPLICABLE CODE YEAR A17.1
Project Start Date:

Equipment Information:

Table with 5 columns: Equipment Manufacturer, Unit No., Drive Information (Traction, Hydraulic, Both, Other), Speed (fpm), Capacity, No. of Pass

Type Elevator or Equipment:

Passenger [ ] Freight [ ] Esc [ ] Residential [ ] DW [ ] Platform lift [ ] Stairway Lift [ ] Moving Walk [ ]
Other [ ] (explain)

Each installation permit is \$100.00

An acceptance inspection is required before turning the elevator over for public use. The Acceptance inspection price is \$300.00 plus \$15.00 per floor. If additional inspections are required they will be billed at \$250.00 per inspection/per unit. The Acceptance Inspection will be billed by the Inspection Company upon completion of the inspection(s).

Number of Openings Rise (feet and inches) Serial #

Mail this application along with the required items to address listed above. Applications will not be processed without the required items.

- Permit fees
Two(2) final field erection layouts for approval
Self-addressed, postage paid envelope with your return address, if you want the permit mailed to you.

OFFICIAL USE ONLY

Approved by: Check #

Permit Number

Signature of Chief Inspector Date

Permit expires 12 months from the date issued