



Application for Provisional Elevator Certificate of Operation

Cayman Islands Government
Department of Planning - Building Control
P.O. Box 113, Grand Cayman KY1-9000
Phone: (345) 244-6501 Fax: (345) 769-2228
E-mail Building.Control@gov.ky Web: www.planning.gov.ky

INSTRUCTIONS: Print in ink or type all information. Use one application form per elevator. All fees shall be paid at the time of application.

A written request for additional time shall be submitted to the Director of Planning for review with this application form. This request shall include: Details of the hardships associated with completing the corrections; documentation of estimated cost associated with each corrective action; and a schedule indicating when corrections will be completed.

Applicant (Owners) Name: _____
Mailing Address: _____
Telephone: (Work): _____ (Cell): _____ Email: _____

Property/Facility Management Company Name: _____
Full Name of Property/Facility Manager: _____
Mailing Address: _____
Telephone: (Work): _____ (Cell): _____ Email: _____

Name of Building: _____ Block No.: _____ Parcel No.: _____
Building Street Address: _____ District: _____
Elevator ID Number (at Building): _____ Elevator Permit Number: _____

Date of last inspection: _____

Time requested for completion of all violations: 30 days 90 days 180 days

I herby agree that if a Provisional Certificate of Operation is issued for this application, all violations noted on the last inspection report will be corrected and a request for re-inspection prior to the expiration date of the Provisional Certificate of Operation will be submitted.

Print Name: _____ Signature: _____ Date: _____

For Official Use Only

Total Due: _____

Total Paid: _____

Receipt No.: _____

Paid Stamp