



Elevator / Conveyance Permit Application

Cayman Islands Government
Department of Planning - Building Control Unit
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. Provide complete information consisting of two sets of job-specific layout drawings and equipment specifications. All fees shall be paid at the time of application. Installation of the elevator system shall not begin until an Elevator Permit has been issued by the Department of Planning.

If this application is for alteration(s) to existing elevator equipment, please include a complete description of the alteration or repair (as required by Accident Report only) and a list of associated code references. If new technology is being introduced, a variance to the currently adopted A17.1 Safety Code for Elevators and Escalators shall be included with this application.

Type of Permit: New Installation Alteration New Technology (per ASME A17.7)

Agent applying for this Permit: _____

Mailing Address: _____

Telephone: (W): _____ (C): _____ (F): _____ Email: _____

Applicant (Owners) Name: _____

Mailing Address: _____

Telephone: (W): _____ (C): _____ (F): _____ Email: _____

Name of Building: _____ Block No.: _____ Parcel No.: _____

Building Street Address: _____ District: _____

Type of Unit: (Circle one)

- Passenger
- Freight
- Residential
- Escalator
- Moving Walk
- Dumbwaiter
- Vertical Wheel Chair Lift
- Inclined Wheel Chair Lift
- Stair Lift
- LULA
- Stage Lift
- Other type not listed: _____

Type of Driving Machine: (Circle One)

- Traction
- Winding Drum
- Direct Hydraulic
- Rope Hydraulic
- Rack & Pinion
- Belt
- Chain & Sprocket
- Screw
- Other type not listed: _____

Unit details:

- Manufacturer: _____
- Serial No.: _____
- Capacity (lbs): _____
- Speed (fpm): _____
- Total Travel (ft-in): _____
- Total No. of Landings: _____
- No. of Front Landings: _____
- No. of Rear Landings: _____
- Is this unit replacing another elevator at the same location? Yes No
- If Yes, Elevator Permit No.: _____

I hereby agree that if a permit is issued for this application, this elevator will conform in every detail to the code requirements set forth by the currently adopted Cayman Islands Building Code, NFPA 70 National Electric Code and ASME A17.1 Safety Code for Elevators and Escalators.

Print Name: _____ Signature: _____ Date: _____

For Office Use Only	
Total Due: _____	Building Permit No.: _____
Total Paid: _____	Project No.: _____
Receipt No.: _____	File No.: _____