



**MIAMI-DADE COUNTY  
GENERAL SERVICES ADMINISTRATION  
FACILITIES and UTILITIES MANAGEMENT DIVISION  
OFFICE OF ELEVATOR SAFETY  
201 West Flagler Street  
MIAMI, FLORIDA 33130-1510  
Ph: 305.375.1577  
Fax: 305.372.6367**

<http://www.miamidade.gov/gsa/elevatormain.asp>

<b>For Office Use Only</b>
Serial #

<b>SECTION 1 – ELEVATOR COMPANY INFORMATION</b>					
Organization Name		Registered Elevator Contractor Number		Requested Variance Date	
Address					
City	County		State	Zip Code	
<b>INSTALLER CONTACT INFORMATION</b>					
Contact Name and Qualifier (include CC No.)			Primary Business Phone Number		
Primary E-Mail Address			Alternate Phone Number or Fax Number		
<b>SECTION 2 – ELEVATOR INFORMATION</b>					
Elevator Class: Please check the appropriate box.					
<input type="checkbox"/> 01-Traction Passenger	<input type="checkbox"/> 02-Hydraulic Passenger	<input type="checkbox"/> 03-Traction Freight	<input type="checkbox"/> 04-Hydraulic Freight	<input type="checkbox"/> 05-Hand Power Passenger	<input type="checkbox"/> 06-Hand Power Freight
<input type="checkbox"/> 07-Moving Walk	<input type="checkbox"/> 08-Inclined Lift	<input type="checkbox"/> 09-LU/LA (Limited Use / Limited Application)		<input type="checkbox"/> 10-Dumbwaiter	<input type="checkbox"/> 12-Escalator
<input type="checkbox"/> 14-Sidewalk Elevator	<input type="checkbox"/> 15-Material Lift/Dumbwaiter with Automatic Transfer Device		<input type="checkbox"/> 16-Special Purpose Personnel Elevator		
<input type="checkbox"/> 17-Inclined Stairway Chairlift			<input type="checkbox"/> 18-Inclined & Vertical Wheelchair Lift		
Manufacturer's Name			Manufacturer ID Number (if applicable)		
Elevator Number	Capacity	Landings	Travel in Feet	Speed Up	Speed Down
Building Type: Please check one of the following.					
<input type="checkbox"/> C-Commercial (ex. airports, banks, department stores, office buildings)	<input type="checkbox"/> CC-Community College	<input type="checkbox"/> CD-Condominiums	<input type="checkbox"/> CH-Churches	<input type="checkbox"/> CI-City Buildings	<input type="checkbox"/> CO-County Buildings
<input type="checkbox"/> H-Public lodging (hotel, motel)	<input type="checkbox"/> HP-Hospitals (medical centers, nursing homes, adult congregate living facilities, etc)	<input type="checkbox"/> I-Industrial (paper mills, power plants, manufacturing)	<input type="checkbox"/> R-Food service	<input type="checkbox"/> S-Schools (except grades K-12)	<input type="checkbox"/> SE-Schools grades K-12
	<input type="checkbox"/> ST-State agencies	<input type="checkbox"/> U-Universities			
<b>SECTION 3 – PETITIONER INFORMATION</b>					
Primary Name (enter name of the building or property owner of record)					
Petitioner Name (If not the owner, attach a legal Power of Attorney in a form approved by Office of Elevator Safety)					
Main Mailing Address (enter owner or petitioner official address)					
City, Village, Township		County	State	Zip Code	
Folio No. (req'd)		Ph:		Master Permit	

SECTION 4 – SPECIFIC VARIANCE INFORMATION			
Enter type of variance requested	Stage of Building Design (50%, 100%)	Under construction? (Y/N)	
List reason for hardship (attach detailed justification)			
Which A17.1 or NEC rules are being requested for a variance? Also attach a written argument giving details of equivalent compliance.			
Other installations where approved.	Is this a new product?	In production? Y N	List of AHJ where also approved
Contact Name for technical questions		Primary Business Phone Number	
Primary E-Mail Address		Alternate Phone Number or Fax Number	

SECTION 5 – VARIANCE INFORMATION	
Does the elevator being installed otherwise meet the minimum standards of Chapter 30 of the Florida Building Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No
you are required to list in detail, each rule which is varied, and the detailed means of equivalent compliance. The variance request must be approved prior to approval of the install permit. The variance request must be attached to this form.	
SECTION 6 – APPLICANT SIGNATURE	
<b>All Variances are valid for one year from date of issuance (Chapter 61C-5, FAC) and must be permanently affixed to the unit.</b>	
Authorized Signature of Applicant	Date Signed
Social Security Number* (or Federal Tax ID for corporate applications)	Date Submitted
* Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary unless specifically required by Federal statute. In this instance, disclosure of social security numbers is mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and sections 409.2577, 409.2598, and 559.79, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations.	

SECTION 7 – VARIANCE CHECKLIST	
Full set of architects drawings.	
Elevator layout	
Detailed explanation of variance request	
Laboratory test results of variance products.	
Installation, inspection, maintenance manuals.	

SECTION 8 – OFFICE USE ONLY	
Variance received	For Validation Use Only
Information completed	
Variance reviewed	
Results of committee review of variance.	
Approved By	Approval Date
Inspector's Name	

**NOTE: A Metal Tag bearing the engraved variance number must be permanently attached to the controller, adjacent to the code data tag.**

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That the undersigned, \_\_\_\_\_ (hereinafter referred to as the “Principal”), does hereby CONSTITUTE and APPOINT \_\_\_\_\_ (hereinafter referred to as the “Agent”), as his/her true and lawful attorney-in-fact for the Principal, to have power and authority, in the name, place and stead of the Principal, to do any and every act and exercise any and every power that the Principal might or could do for the purpose of executing and delivering on behalf of the Principal such documents and taking such further action as the Agent may deem necessary and appropriate in connection with the request for variance from certain applicable code requirements in connection with the installation of an elevator plant in the building named \_\_\_\_\_ located at \_\_\_\_\_, Miami, Florida, Tax Folio No. \_\_\_\_\_, and giving and granting unto the Agent full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done with respect to the foregoing variance request, as fully, to all intents and purposes, as the Principal might or could do if personally present, with full power of substitution, hereby ratifying and confirming all that the Agent shall lawfully do or cause to be done by virtue hereof.

IN WITNESS WHEREOF, this Power of Attorney is executed by the undersigned this  
\_\_\_\_ day of \_\_\_\_\_, 2005.

WITNESSES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

COUNTY OF MIAMI-DADE:

: SS

STATE OF FLORIDA :

The foregoing instrument was acknowledged before me as of the \_\_\_\_\_ day  
of \_\_\_\_\_, 2005, by \_\_\_\_\_, who is personally known to me or who has  
produced a \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public  
My commission expires