



CITY OF ALBUQUERQUE

Planning Department

Building Safety

ELEVATOR PERMIT

Date: _____

Permit No.: _____

Project Information:

Name _____

Address _____

Owner Information _____

Owner's Phone No. _____

Elevator Contractor (GS9 Required) Information:

Name _____

Telephone Number _____

Address _____

NM Contractor Lic. No. _____

Contractor State Tax No. _____

Contractor City Tax No. _____

Equipment Information:

Equipment No. _____

Number of Landings _____

Valuation _____

Permit Cost _____

Approved by _____

City of Albuquerque, Elevator Inspector