AFFIDAVIT OF PROFFESSIONAL CERTIFICATION
FOR ELEVATOR APPLICATION FINAL USE PERMIT

Elevator Application Number:_____

Location:_____, N.Y.

Block:_____Lot:_____

Device Number(s):_____, _____, _____, _____, _____, _____.

Provide for Each Device Listed:

    [ ] Attach Last Issued Temporary Use Permit(s).

    [ ] Attach Last Issued Punch List(s)

The following statement of responsibility shall be signed and sealed where appropriate by the Professional Engineer, Registered Architect or Certified Elevator Inspection Agency Director, responsible for certifying that the work required for a **Final Use Permit**, subsequent to the Department's issuance of a Temporary Use Permit, is now complete and in compliance with ANSI A17.1(1987), Reference Standard 18-1, and the New York City Building Code, Title 27, Chapter 1, Subchapter 18.

"I hereby state that the information and representations presented herein are complete and correct and that I have exercised a professional standard of care in certifying that the work required by the Department to be performed and completed prior to the issuance of a **Final Use Permit** for the Device Number(s):_____, _____, _____, _____, _____, _____, has been completed in accordance with all applicable laws as of this date. I am aware that the Commissioner will rely upon the truth and accuracy of this statement and that any misrepresentation or falsification of facts, made knowingly or negligently by me, my agents or employees or, additionally, by others with my knowledge, will render me liable for legal and disciplinary action by the Department of Buildings and other appropriate authorities, including but not limited to termination of participation in all Professional Certification programs at the Department of Buildings and revocation of professional certification, limited supervisory check privileges and / or suspension or revocation of any Department of Buildings issued license held by me."

Professional Engineer/Registered Architect:_____

                                  (Please print)

Signature:_____License Number_____

Seal: Date: /   /

Certified Elevator Inspection Agency Director:_____

                                  (Please print)

Signature:_____Date: /   /

License Number:_____

TEMPORARY USE PERMIT RENEWAL APPLICATION
(One Original and One Copy)

Date: / /

Applicant's Name:_____

Elevator Application Number:_____

Location:_____, N.Y.

Block:_____ Lot:_____

Device Number:_____

[ ] Attach Last Issued Temporary Use Permit
    Expiration Date of Last Issued Temporary Use Permit: / /

[ ] $100.00 Fee for renewal

Please State Reason Renewal Is Necessary:

_____
_____
_____
_____
_____
_____

Project Date of Application Completion: / /

Owner's Name or Authorized Representative:_____
                                        (Please Print)

Signature:_____Date: / /

Elevator Division Temporary Use Permit Renewal Application Approval:

                                             Date: / /
_____   _____
Please Print Name   Signature

MISSED APPOINTMENT NOTICE

Department Elevator Inspector:_____
<div align="center">(Please Print Name)</div>

Department Elevator Chief:_____
<div align="center">(Please Print Name)</div>

Elevator Application Number:_____

Company:_____

Location:_____, N.Y.

Block:_____ Lot:_____

Device Number(s):_____, _____, _____, _____, _____

Appointment Date and Time: /   /   ,   :   A.M./ P.M

Appointment Missed Due To: [ ] Failed to Show
                            [ ] Unprepared, Reason:_____
                            _____
                            _____

Owner Information:

Name:_____

Address:_____

City:_____State:_____Zip:_____

Fee for Missed Appointment: **$200.00**

This fee is due and payable within 30 days after the date of the missed appointment or prior to the scheduling of a new appointment, whichever is earlier.

PLEASE NOTE THAT NO FURTHER APPOINTMENT FOR THIS APPLICATION WILL BE HONORED UNTIL SUCH TIME AS THE $200.00 FEE PAYMENT IS MADE AND A DEPARTMENT OF BUILDINGS' CASHIER'S RECEIPT OF SUCH PAYMENT AND A COPY OF THIS NOTICE ARE SUBMITTED IN PERSON TO A CHIEF INSPECTOR OF THE ELEVATOR DIVISION.

*A copy of this notice along with the **$200.00 certified check** or **money order** must be presented to the cashier's window for payment.*

PRE-INSPECTION CLEARANCE REQUEST FORM
(One Original and One Copy)

Date: /   /

Applicant's Name:_____

Elevator Application Number:_____

Location:_____, N.Y.

Block:_____Lot:_____

Device Number(s):_____, _____, _____, _____, _____

*A Request For A Pre-inspection Clearance Must Be Accompanied By A Department of Buildings' Cashier's Receipt of Payment of A Non-refundable Fee In The Amount Of **$200.00 Per Device.***

Requested Date and Time: /   /   :   A.M. or P.M.

INTERNAL USE ONLY

Elevator Division Appointment Schedule Approval:

Date: /   /

_____	_____	_____
Please Print Name	Title	Signature

ELV-22 (8/99)