



Office of the State Fire Marshal
 Elevator Safety Division
 800 SW Jackson, Suite 104
 Topeka, KS 66612
 (785) 296-3401 Fax: (785)296-0151
KSFM_Elevators@ks.gov

Office Use Only
 Permit Number: _____
 Permit Approved By: _____
 Date: _____

Kansas Elevator Permit to Alter/Repair Application

Permit can only be issued to a Kansas Licensed Elevator Mechanic

REPAIR

ALTERATAION

BOTH

Elevator Location (Building Name):

County:

Location (Address):

City:

State:

Zip:

Owner/Designated Agent
 Billing Name:

Owner/Designated
 Agent Phone Number:

Owner/Designated Agent
 Billing Address:

Owner/Designated
 Agent Email:

City:

State:

Zip:

Type of Device/Conveyance:

Machine Type:

Voltage:

Other: _____

Other: _____

Manufactured By:

Capacity: LBS Rated Speed: FPM

Number of Floors/Landings:

Manufacturer's Serial Number:

Contractor's Company Name:

Branch Office (City):

Contractor's License Number:

CONTRACTOR SIGNATURE:

Date:

REPAIR/ALTERATION PERMIT FEE \$400

Email completed form to: KSFM_Elevators@ks.gov

*You will be invoiced for your fee, which can be paid by credit card on
 our website: firemarshal.ks.gov*

OFFICE USE ONLY

Inspector Comments:

Inspector Signature: _____ Inspector Number: _____ Date: _____