



Kansas 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

Subject to KSA 44-1805 and KSA 44-1814
 Provide Scope of Work Per KSFM Form 615b
 49% Documentation for Alteration of an
 Existing Elevator

Kansas Permit Application to Alter an Existing Elevator

Permit can only be issued to a Kansas Licensed Elevator Contractor

Unit 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	Type of Device/ Conveyance	Type of Device/ Conveyance
<input type="text"/>	<input type="text"/>	<input type="text"/>
Manufactured by <input type="text"/>	Capacity <input type="text"/> LBS	Rated Speed <input type="text"/> FPM
Manufacturer's Serial Number <input type="text"/>		Number of Floors/Landings <input type="text"/>

Contractor's Company Name Branch Office

CONTRACTOR PRINTED NAME License Number

CONTRACTOR SIGNATURE Date

Alteration Scope of Work Being Performed

Attach Additional Documentation if required

ALTERATION PERMIT FEE \$400

Your fee can be paid by credit card on our website: Fire Marshal Elevator Payment Portal.
<https://firemarshal.ks.gov/FormCenter/Elevators-28/Elevator-Payment-Portal-134>

Email Completed Form To: KSFM_Elevators@ks.gov