



Department of Commerce

Division of Industrial Compliance
John R. Kasich, Governor
Andre T. Porter, Director

REQUEST FOR A TEMPORARY CERTIFICATE OF OPERATION

Requests are subject to final approval by the chief elevator inspector. Submit this request via fax 614-644-2428 or email Elevators@com.ohio.gov or mail with appropriate fees to the address at the bottom of the page.

Unit Number(s)

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Location of Elevator

Building Name: _____ County _____
Address: _____ City: _____ Zip _____

Company Applying for the permit

Same as Location

Company: _____ Contact Person: _____
Telephone: _____ Fax: _____
Address: _____ City: _____ State _____ Zip _____

Company who holds the Installation Permit

Same as Owner

Same as Location

Company: _____ Contact Person _____
Phone: _____ Fax: _____

Request is: (circle one)

Length of Request: (circle one)

Unit is: (circle one)

Initial

\$53.25 - \$103.25 - \$153.25

New Construction

Extension

30 Days 60 Days 90 Days

Alteration

The intended use of the Elevator is for: (circle one)

Construction Purpose only

General Public

List of Violation not completed

This space for Elevator Section Only:

Approved Rejection by: _____ Date: _____

DIC 4617 (revised 08/19/2013)