



# CITY OF SUFFOLK

442 W. WASHINGTON STREET, SUITE 1084A, SUFFOLK, VIRGINIA 23439-1858  
PHONE: (757) 514-4150 FAX: (757) 514-4199

DEPARTMENT OF  
PLANNING & COMMUNITY DEVELOPMENT

*Division of Community Development*

## CERTIFICATE OF COMPLIANCE REQUEST

DATE OF REQUEST: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS OF ELEVATOR: \_\_\_\_\_

PERSON MAKING REQUEST: OWNER \_\_\_\_ INSPECTOR \_\_\_\_ OTHER \_\_\_\_

INSPECTION AGENCY: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

INSPECTOR NAME: \_\_\_\_\_

BUILDING OWNER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

MARK THE APPLICABLE TYPE AND NUMBER OF DEVICES:

\_\_\_\_ PASSENGER ELEVATOR # OF ELEVATOR \_\_\_\_\_

\_\_\_\_ FREIGHT ELEVATOR # OF ELEVATOR \_\_\_\_\_

IDENTIFY THE DEVICE: \_\_\_\_ EXISTING \_\_\_\_ NEW

BRIEF DESCRIPTION OF DEVICE(S) INSPECTED: \_\_\_\_\_

APPLICANT PRINTED NAME: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

APPLICANT E-MAIL ADDRESS: \_\_\_\_\_

### **IN ORDER TO PROCESS THE FOLLOWING MUST BE INCLUDED WITH YOUR REQUEST:**

- A \$56.00 FEE PER ELEVATOR
- COPY OF THE THIRD PARTY ELEVATOR INSPECTION RESULTS