



Town of Jupiter

Building Department
210 Military Trail, Jupiter Fl. 33458

Temporary Exterior Chairlift Checklist

Create permit online as: **Commercial Alteration**

Submit / Upload plans online in PDF format using [naming convention](#):

- Below items #1 through #7 name as "[Supporting Documents](#)" (including this checklist)
- Below items #8 and #9 name as "[Building Plans](#)"

Indicate items submitted with a checkmark (✓)

1. Permit Application _____
2. Notarized Temporary Chairlift Affidavit _____
3. Scope of work _____
4. HOA / Architectural Approval _____
5. Fire Rescue Application _____
6. Detail showing chairlift location and measurements _____
7. Photos of location where chairlift is being installed _____
8. Specifications and drawings of chairlift _____
9. Provide electrical requirements for charger ports - include location of and _____
connection to outlet and LV wire path to charge points (avoid tripping hazards)

Temporary Chairlift Affidavit

Date:

Name:

Address:

I, _____, understand this is a "Temporary" chairlift installation located at the address above. I also understand that if I sell my living unit, I am responsible to remove the temporary chairlift from the living unit at my own cost. If the new owner plans to keep the chairlift for personal use, they are required to apply for a building permit, please advise them to contact the building department.

Date _____ County _____

Purpose: Install Exterior Chairlift

Personally came before me, the undersigned Notary, the within named, _____, who is resident of _____ County, State of _____, and makes this statement and General Affidavit upon oath and affirmation of belief and personal knowledge that the following matters, facts and things set forth are true and correct to the best of his/her knowledge:

I, _____, Notary Public in and for the state of _____, Do hereby certify that on this ____ day of _____, 20__, personally appeared before me known to be or satisfactorily proven the individual described in and who the foregoing instrument.

Notary Public in and for the State of _____

My commission expires: _____