



ELEVATOR SUBCODE TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. _____ e-mail _____

Address _____
street municipality zip code

Contractor/Installer: _____ Tel. _____

Address _____ e-mail _____

License No./Exp. date: _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

Maintenance/Service Contractor _____ License No./Exp. date: _____

Address _____

e-mail _____

Tel _____ FAX _____

B. ELEVATOR CHARACTERISTICS

Building Use Group _____ Building Registration No. _____

Manufacturer _____ Device I.D. _____

Machine Room Location _____

No. of Stops _____ No. of Openings _____

Travel (ft.) _____ Speed (f.p.m.) _____

Type of Control _____ Type of Operation _____

Passenger _____ Freight _____

Capacity (lbs.) _____

Year of Installation _____ Year of Alteration _____

Estimated Cost of Elevator Work \$ _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	ITEM
_____	Traction or Winding Drum
_____	1 to 10 Floors
_____	Over 10 Floors
_____	Hydraulic
_____	Roped Hydraulic
_____	Escalator/Moving Walk
_____	Dumbwaiter
_____	Stairway Chairlift, Inclined and
_____	Vertical Wheelchair Lifts and Man Lifts
_____	Oil Buffers
_____	Counterweight Governor and Safeties
_____	Auxiliary Power Generator
_____	Alterations
_____	Other _____
_____	Other _____

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)			
<input type="checkbox"/> No Plans Required	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> Building Plans and Elevator Specs.	Temporary	_____	_____	_____	_____
Date: _____ Approved by: _____	Final	_____	_____	_____	_____
<input type="checkbox"/> Elevator Layout Drawings	SUBCODE APPROVAL for CERTIFICATE				
Date: _____ Approved by: _____	<input type="checkbox"/> CO <input type="checkbox"/> CA				
Joint Plan Review Required:	SUBCODE APPROVAL for PERMIT				
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire.	Date: _____				
Date: _____ Approved by: _____	Approved by: _____				