



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 _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

Maintenance/Service Contractor _____

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	FEE (Office Use Only)
_____	Traction or Winding Drum	<div style="background-color: #e0e0e0; border: 1px solid black; padding: 5px;"> \$ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ </div>
_____	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 _____	_____

Administrative Surcharge \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

JOB SUMMARY (Office Use Only)

<p>PLAN REVIEW</p> <p><input type="checkbox"/> No Plans Required</p> <p><input type="checkbox"/> Building Plans and Elevator Specs.</p> <p>Date: _____ Approved by: _____</p> <p><input type="checkbox"/> Elevator Layout Drawings</p> <p>Date: _____ Approved by: _____</p> <p>Joint Plan Review Required:</p> <p><input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire.</p> <p>SUBCODE APPROVAL for PERMIT</p> <p>Date: _____</p> <p>Approved by: _____</p>	<p>INSPECTIONS</p> <table border="0"> <tr> <td>Type:</td> <td>Failure</td> <td>Failure</td> <td>Approval</td> <td>Initial</td> </tr> <tr> <td>Temporary</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Final</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> <p>SUBCODE APPROVAL for CERTIFICATE</p> <p><input type="checkbox"/> CO <input type="checkbox"/> CA</p> <p>Date: _____</p> <p>Approved by: _____</p>	Type:	Failure	Failure	Approval	Initial	Temporary	_____	_____	_____	_____	Final	_____	_____	_____	_____
Type:	Failure	Failure	Approval	Initial												
Temporary	_____	_____	_____	_____												
Final	_____	_____	_____	_____												