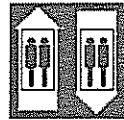




ELEVATOR SUBCODE TECHNICAL SECTION



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 (if applicable): _____

Federal Emp. ID No. _____ FAX: _____

Maintenance/Service Contractor _____

Address _____

Tel _____ e-mail _____
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

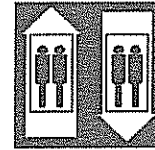
QTY.	ITEM	FEE (Office Use Only)
_____	Traction or Winding Drum	\$ _____
_____	1 to 10 Floors	_____
_____	Over 10 Floors	_____
_____	Hydraulic	_____
_____	Roped Hydraulic	_____
_____	Escalator/Moving Walk	_____
_____	Dumbwaiter	_____
_____	Stairway Chairlift, Inclined and	_____
_____	Vertical Wheelchair 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)	
PLAN REVIEW	INSPECTIONS
<input type="checkbox"/> No Plans Required	Dates (Month/Day)
<input type="checkbox"/> Building Plans and Elevator Specs.	Type: Failure Failure Approval Initial
Date: _____ Approved by: _____	Temporary _____
<input type="checkbox"/> Elevator Layout Drawings	Final _____
Date: _____ Approved by: _____	
Joint Plan Review Required:	SUBCODE APPROVAL for CERTIFICATE
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire.	<input type="checkbox"/> CO <input type="checkbox"/> CA
SUBCODE APPROVAL for PERMIT	
Date: _____	Date: _____
Approved by: _____	Approved by: _____

SUPPLEMENT FOR MULTIPLE EQUIPMENT

**ELEVATOR SUBCODE
TECHNICAL SECTION**



Date Received
Control #

Date Issued
Permit #

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

CERTIFICATION IN LIEU OF OATH

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____ Signature _____ Date _____

	ID	ID	ID	ID	ID	ID	ID
DEVICES CHARACTERISTICS							
Traction/Winding Drum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydraulic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roped Hydraulic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Escalator/Moving Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dumbwaiter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stairway/Chair/Man Lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oil Buffers							
Counterweight Governor							
Auxiliary Power Generator							
Manufacturer							
Machine Room Location							
Number of Stops							
Number of Openings							
Travel (ft.)							
Speed (f.p.m.)							
Type of Control							
Type of Operation							
Passenger/Freight							
Capacity							
Year of Installation/Major Alteration							
Temp. Cert. of Comp.	Issue Date	_____	_____	_____	_____	_____	_____
	Expire Date	_____	_____	_____	_____	_____	_____
Cert. of Compliance	Number	_____	_____	_____	_____	_____	_____
	Date	_____	_____	_____	_____	_____	_____