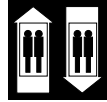




# ELEVATOR SUBCODE TECHNICAL SECTION



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 (if applicable): \_\_\_\_\_

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.) \_\_\_\_\_

Yr. of Install. \_\_\_\_\_ Standard Applied \_\_\_\_\_ Yr. of Alt. \_\_\_\_\_ Standard Applied \_\_\_\_\_

### Estimated Cost of Elevator Work \$

#### 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: _____					

### 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 \$ \_\_\_\_\_**