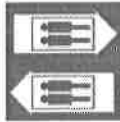




ELEVATOR SUBCODE TECHNICAL SECTION



A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1030.

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 Alteration _____

Year of Installation _____

Estimated Cost of Elevator Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

No Plans Required

Building Plans and Elevator Specs.

Date: _____ Approved by: _____

Elevator Layout Drawings

Date: _____ Approved by: _____

Joint Plan Review Required:

Bldg. Elec. Plumb. Fire.

SUBCODE APPROVAL for PERMIT

Date: _____ Approved by: _____

INSPECTIONS

Type: _____

Temporary _____

Final _____

Dates (Month/Day)

Failure _____

Approval _____

Initial _____

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CA

Date: _____

Approved by: _____

Date Received
Control #

Date Issued
Permit #

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 \$ _____