pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
BUREAU OF OCCUPATIONAL & INDUSTRIAL SAFETY

Building Code #: _____
Permit #s _____
_____
_____

Uniform Construction Code (UCC)

APPLICATION FOR CONSTRUCTION AND ALTERATION PERMIT

All of the information on this form must be supplied before a permit will be issued for the construction, repair, alteration, or replacement of components of any **passenger, freight, dumbwaiter, LULA, SPPE, RPE, escalator, moving walk, vertical platform lift, inclined platform lift, inclined stairway chairlift** and **VRC**

☐ **EXPEDITE REVIEW. ADDITIONAL FEE SUBMITTED.**

Application Type	☐ New installation/construction ☐ Repair, alteration or replacement of components: Building Code #:_____ Equipment #:_____
Owner Information	Owner Name _____ Mailing Address _____ City _____ State _____ Zip Code _____ Telephone _____ Fax _____ Email _____
Building Location Information	Building Name _____ Physical Address _____ City _____ State _____ Zip Code _____ County _____ Municipality Name _____ Municipality Type: Borough ☐ City ☐ Township ☐ 1. Hoistway or runway is: New ☐ Existing ☐ 2. Building is: New ☐ Existing ☐ 3. Is glass installed in the hoistway or runway? Yes ☐ No ☐ 4. Is there a lifting equipment already in this building? Yes ☐ No ☐ If yes, supply the building code: _____ 5. Is the new equipment replacing an existing lift? Yes ☐ No ☐ If yes, supply the equipment number: _____ 6. Is this lifting device required to comply with the seismic requirements of Section 8.4 or 8.5 of the ASME A17.1a-2002? Yes ☐ No ☐
UCC Building Permit Certification	I hereby certify that the building in which this lifting equipment will be located is designed to meet all fire safety, structural and other building code requirements applicable to the lifting devices to be installed in this building. I also certify that I have obtained the necessary UCC building permit from the Building Code Official and that this permit was based on the specifications for the type of lift shown on the elevator drawing submitted with this application. Printed name of design professional: _____ Signature of design professional: _____ Seal of design professional: SEAL
For L&I Use Only	Application #: _____ Check #: _____ Amount: _____ Bates #: _____

Building Code Information	_____ Printed name of individual who obtained Building Code Approval _____ Signature of individual who obtained Building Code Approval Permit #: _____ BCO Name: _____
Hoistway Certification Used for Alteration & Replacement Elevator Only	I have examined and checked the building structure or building plans regarding the elevator hoistway, pit and machine room and hereby certify that they are adequate for the loads to be imposed on them and are in accordance with the applicable laws and regulations of this Commonwealth. Printed name of design professional: _____ Signature of design professional: _____ Seal of design professional: SEAL
Equipment Type(s)	Passenger ☐ Escalator ☐ Vertical platform lift ☐ Passenger/freight ☐ Moving walk ☐ Inclined platform lift ☐ Class A freight loading ☐ Dumbwaiter ☐ Inclined stairway chairlift ☐ Class B freight loading ☐ Rack and pinion elevator (RPE) ☐ Class C1 freight loading ☐ Limited use/limited access (LULA) ☐ Class C2 freight loading ☐ Special purpose personnel elevator (SPPE) ☐ Class C3 freight loading ☐ Vertical reciprocating conveyor (VRC) ☐ Temporary Construction use ☐ Other (specify) ☐: _____
Drive Type(s)	Geared ☐ Hydraulic ☐ Rack and pinion ☐ Gearless ☐ Roped/chained hydraulic ☐ Chained (escalator or moving walk) ☐ Drum ☐ Screw column ☐ Other (specify) ☐:
New Lifting Device Data	1. Capacity _____ (lbs.) 2. Rated speed _____ (ft/min) 3. Total travel _____ (ft & in) 4. Total number of hoistway openings _____ Front _____ Rear _____ 5. Manufacturer/type/PA approved model & certificate of # of platform/counterweight safety: _____ 6. Will the newly installed cab interior, enclosure, or platform meet the flame spread and smoke development requirements of the applicable ASME code? Yes ☐ No ☐
Existing Lifting Device Data	1. Capacity _____ (lbs.) 2. Rated speed _____ (ft/min) 3. Total travel _____ (ft & in) 4. Total number of hoistway openings _____ Front _____ Rear _____ 5. Will the newly installed cab interior, enclosure, or platform meet the flame spread and smoke development requirements of the applicable ASME code? Yes ☐ No ☐
Scope of Work for Repair, Alteration or Replacement of Components	Code Reference: Description of work: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ (Attach a separate 8 ½ " x 11" sheet with information listed above if space provided is insufficient to describe scope of work.)

Escalator or Moving Walk Data	1. Capacity _____ (people per hour) 2. Rated speed _____ (feet per minute) 3. Vertical rise _____ (feet and inches) 4. Length of horizontal projection of entire truss measured along center line: _____ (ft/in) 5. Angle of inclination: _____ Floor _____ to _____ 6. Brake rated load: _____ (lbs.) 7. Brake data plate info: a. Brake torque taken at test point: _____ (ft/lb) b. What is method of measuring required brake torque? Breakaway ☐ Dynamic ☐ c. At what location is the required brake torque to be taken? _____ Motor shaft ☐ Machine input shaft ☐ Main drive shaft ☐ d. What is the minimum stopping distance with no load? _____ (in) e. What is minimum distance from the skirt obstruction device to comb plate? _____ (in) 8. Is a speed governor provided: Yes ☐ Not Applicable ☐ 9. Are skirt deflector devices installed? Yes ☐ No ☐ 10. What is the minimum headroom between landings? _____ (ft/in) 11. Is this an outdoor unit? Yes ☐ No ☐ 12. If this is an outdoor unit: a. Is it of special design to withstand exposure to weather? Yes ☐ No ☐ b. Is a cover provided? Yes ☐ No ☐ c. Are heaters provided? Yes ☐ No ☐ d. Are drains provided in lower pit? Yes ☐ No ☐ e. Are slip-resistant landing plates and comb plates provided? Yes ☐ No ☐
Elevator Contractor	Name _____ Mailing Address _____ City _____ State _____ Zip Code _____ Telephone _____ Fax _____ Email _____
Filing Requirements	**FEE SCHEDULE**: For an up-to-date listing of fees, please see the Fee Schedule listed on our website (www.dli.pa.gov/Individuals/Labor-Management-Relations/bois) or contact our office for a copy of the Fee Schedule by telephone at 717-787-3806 option 2 or by fax at 717-705-7261. Be sure to include any additional information necessary when mailing this application and the appropriate fee to the Department.
Recipient of Approved Application	Applicant Name _____ Mailing Address _____ City _____ State _____ Zip Code _____ Telephone _____ Fax _____ Email _____ By signing this document, I certify that the proposed work will comply with the Pennsylvania Construction Code Law (1999, November 10 P.L. 491, No. 45), its regulations and all applicable standards. I further acknowledge that if any part of the proposed installation is not in compliance with the applicable regulations, I must submit a request for variance (Form LIIB 121) prior to installation and await a decision of the Industrial Board regarding my request. Applicant name (printed): _____ Date: _____ Applicant signature: _____
Additional Information	_____ _____ _____ _____ _____
For L&I Use Only	Approved by: _____ Date: _____ Applicable standards: _____

Permit No._____

Bureau Veritas North America, Inc.

PERMIT APPLICATION

For questions or to submit your paperwork, please contact the office nearest you (locations attached)

Township or Borough:_____ Date:_____

Work Site Address:_____
(street) (city) (state) (zip)

Owner/Applicant:_____Phone:_____

Mailing Address:_____
(street) (city) (state) (zip)

Contractor:_____Phone:_____

Contractor Address:_____
(street) (city) (state) (zip)

TYPE OF WORK (Please check either "Residential" or "Commercial" below and provide all information requested)

☐Residential Project: Description_____Cost $_____

New Bldg. Square Footage All Floors:_____(not including garage)

Finished Basement Square Footage (if applicable)_____

Office Use Only
Use Group_____ Construction Type_____ Code Used_____

☐Commercial Project: Description_____Cost $_____

☐New Building ☐Existing Building New Bldg. Square Footage All Floors:_____

Use Group_____ Construction Type_____ Occupancy Load_____ Code Used_____

I hereby certify that the proposed work is authorized by the owner of record and that I am or have been authorized to make this application as his/her authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Print Name_____

Signature_____Date_____

OFFICE USE ONLY

Building Plan Review Date:_____ ☐Approved ☐Not Approved

Plan Reviewer:_____ Permit Fee: $_____ OVER

RIDGWAY BOROUGH MUNICIPAL PRIOR APPROVALS

(To ensure that all local ordinances are complied with, this form must completed by the applicant and signed by a Municipal Official prior to the issuance of a building permit by Bureau Veritas North America, Inc.)

Applicant/Property Owner:_____ **Phone:**_____

Mailing Address:_____

Contractor:_____ **Phone:**_____

Address:_____

Project Cost: $_____

Please check one below:

☐ **Residential Project: Description**_____ **Size:**_____

☐ **Commercial Project: Description**_____ **Size:**_____

Work Site Address:_____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature:_____ **Date:**_____

APPLICANT MUST HAVE BOROUGH COMPLETE THE FOLLOWING:

Site Located Within Flood Plain?_____ **Zoning Type**_____

Type of Sewage:_____ **(Approval Attached)** **Not Applicable**

Type of Water:_____ **(Approval Attached)** **Not Applicable**

Road Occupancy Permit:_____ **(Approval Attached)** **Not Applicable**

Stormwater Management:_____ **(Approval Attached)** **Not Applicable**

I hereby certify that this application is in compliance with all relevant ordinances of Ridgway Borough and therefore eligible for Municipal approval.

Date Approved/Issued:_____

Borough Officer/Secretary:_____

DIRECTION FORM

ADDRESS OF PROJECT_____

BETWEEN_____ AND _____
(cross street) (cross street)

PLEASE PROVIDE DETAILED INSTRUCTIONS ON HOW TO GET TO THE CONSTRUCTION LOCATION:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

TO BE INCLUDED WITH EVERY BUILDING PERMIT APPLICATION

BUREAU VERITAS

Bureau Veritas Office Locations - Pennsylvania

Western Pennsylvania		Eastern Pennsylvania
Armstrong Office		**Broomall Office**
204 Butler Road, Suite 3		790A Parkway Drive
Kittanning, PA 16201		Broomall, PA 19008
P: 724.548.1414		P: 877.392.9445
F: 724.548.1403		F: 877.392.9444
Brookville Office		**Pocono Office**
1514 Route 28		5510 Memorial Drive
Brookville, PA 15825		Tobyhanna, PA 18466
P: 814.849.2448		P: 570.894.2801
F: 814.849.0825		F: 570.894.2986
Huntingdon Office		**Wyoming Office**
10773 William Penn Highway, Suite D		184 Keiserville Road
Huntingdon, PA 16652		Tunkhannock, PA 18657
P: 814.643.3480		P: 570.836.7196
F: 814.643.3766		F: 570.836.5967
Mifflin Office		
821 Electric Avenue, Suite C		
Lewistown, PA 17044		
P: 717.242.0992		
F: 717.242.4391		
Somerset Office		
451 Stoystown Road, Suite 105B		
Somerset, PA 15501		
P: 814.701.2181		
F: 814.701.2182		