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 _____

_____ 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 $ _____

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:	Dates (Month/Day) Failure	Failure	Approval	Initial
Temporary	_____	_____	_____	_____
Final	_____	_____	_____	_____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CA
Date: _____
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	$ _____

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

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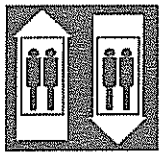
SUPPLEMENT FOR MULTIPLE EQUIPMENT



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Block _____ Lot _____ Qualification Code _____

Work Site Location _____ Signature _____ Date _____

	ID	ID	ID	ID	ID	ID	ID
DEVICES CHARACTERISTICS							
Traction/Winding Drum							
Hydraulic							
Roped Hydraulic							
Escalator/Moving Walk							
Dumbwaiter							
Stairway/Chair/Man Lift							
Oil Buffers							
Counterweight Governor							
Auxilary 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							

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