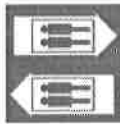




ELEVATOR SUBCODE TECHNICAL SECTION



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 _____

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: _____

Temporary _____

Final _____

Date: _____

Approved by: _____

Failure _____

Approval _____

Initial _____

SUBCODE APPROVAL for CERTIFICATE

☐ CC ☐ 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

FEE (Office Use Only)

\$ _____

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 _____

Administrative Surcharge \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

U.C.C. F150 (rev. 11/09)

Internet version

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