C1 - APPLICATION FOR PERMIT TO ALTER ELEVATOR, DUMBWAITER, OR ESCALATOR

Contractor: _____ Date: _____

License No.: _____

Address: _____

City: _____ State: _____ Zip: _____

Application is hereby made to the Buildings and Safety Engineering Department for a Permit to Alter Elevator-Dumbwaiter-Escalator-City Serial Number _____

Location of Device: _____

License: _____

Address: _____

City: _____ State: _____ Zip: _____

Indicate if: ☐ Elevator ☐ Dumbwaiter ☐ Escalator

Type of Elevator: ☐ Passenger ☐ Freight ☐ Electric ☐ Hydraulic ☐ Hand-Powered

Capacity: _____ Speed: _____ Rise in Feet: _____

Floors Traveled: _____ No. of Car Entrances: _____ No. of Hoistway Entrances: _____

Primary Power Supply:

A.C. _____ D.C. _____ Voltage _____ Cycles _____ Phase _____

Elevator Power Supplied:

Directly _____ Through Rectifier _____ Through M.G. Set _____

Describe in Detail Work to be Done: _____

_____

_____

_____

_____

_____

_____

List All New Equipment to be Added: _____

_____

_____

_____

_____

A SEPARATE APPLICATION SHALL BE MADE FOR EACH DEVICE

_____ _____

Signature Company

An application shall be submitted and a permit obtained when the following alterations are proposed:

A change in the use, classification or operation, or a change in the control or type of operation, wiring, motor, brake, power supply, capacity, dead weight of car or counterweight, car travel, speed; size, material, or number of cables; guide rails, safety devices, governor, car sizes, hoistway or car doors or gates, door or gate contacts or mechanical locks or interlocks; electric door or gate operators; electric door safety edges or photo electric door or gate protective devices, access switches, top of car operating switches, key type emergency door release switches, emergency exit switches, anti creep, car leveling and truck zoning devices, remodeling cab interiors; pressure line guards, excess flow valves, flexible hoses in pressure lines, silencers or mufflers, and excess oil recovery devices.

FOR DEPARTMENT USE ONLY

Permit No.: _____ Date of Inspection: _____

Division Approval: _____ Date: _____

Comments: _____

_____

_____

_____

_____

_____

_____

_____

_____

Signature: _____
Inspector

This application can also be completed online. Visit detroitmi.gov/bseed/elaps for more information.