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 _____
_____
License No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: (_____) _____
Maintenance/Service Contractor: _____ Tel. (_____) _____
Address _____ e-mail _____
_____
License No. _____ Exp. Date _____

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: _____ Reviewed by: _____
[ ] Elevator Layout Drawings
Date: _____ Reviewed by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire
Date: _____ Reviewed by: _____
SUBCODE APPROVAL for PERMIT
Date: _____
Released by: _____

INSPECTIONS

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

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

U.C.C. F150
(rev. 12/25)

1 White= Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy