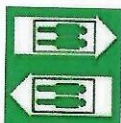




ELEVATOR SUBCODE TECHNICAL SECTION



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 _____

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 _____

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:
☐ Blg. ☐ Elec. ☐ Plumb. ☐ Fire
Date: _____ Reviewed by: _____
SUBCODE APPROVAL for PERMIT
Date: _____ Released by: _____

INSPECTIONS
Type: _____ Failure _____ Failure _____ Approval _____ Initial _____
Temporary _____ Final _____
Date: _____ Released by: _____
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: _____

Date Received _____
Control # _____
Date Issued _____
Permit # _____

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 \$ _____