C2 - APPLICATION FOR PERMIT TO INSTALL ELEVATOR, DUMBWAITER, OR ESCALATOR

Contractor's License No.: _____ Date: _____

Application is hereby made to the Department of Buildings & Safety Engineering for a permit to install _____elevators, dumbwaiters or escalators at No._____St. or Ave.

Owner of Lessee: _____

Elevator Company: _____

Address: _____ Zone No.: _____

City: _____ State: _____ Zip: _____

Address: _____ Zone No.: _____

City: _____ State: _____ Zip: _____

Building used as: _____ ☐ Passenger ☐ Freight ☐ Dumbwaiter

Floors Traveled:_____ Rise in Feet:_____ Capacity:_____ Speed:_____ City Serial No.: _____

Location of Building: _____

(To be filled in by inspector-show location in block, adjacent cross streets, etc.)

MACHINE

Kind of Machine: _____

Location: _____ ☐ Single Wrap **OR** ☐ Double Wrap

Type of Groove: _____

Diameter: Sheave or Drum: _____ Secondary Sheave: _____

Brakes: ☐ Applied ☐ Released Shoe lining material: _____

Motor: Voltage _____AC-DC HP _____ RPM _____ Amps _____ MG Set _____

Worm shaft size: _____ Worm size: _____

Worm gear diameter: _____ Face: _____

Machine beams: Size _____ Number:_____ Supported on:_____

Pent house floor: Material:_____ Thickness:_____ Area size:_____

Controller: Type number:_____ Overload relay:_____ Sequence relay:_____

Reverse phase relay: _____ Limit switches: _____

Slow down switch: _____ Line fuse size: _____

Does all wiring conform to the National Electrical Code?: _____

Counter Weight Safety Control Assembly: _____

CAR

Operating mechanism: _____ Emergency stop switch: _____

Door cut-out switch: _____ Door or gate switch: _____

Telephone or alarm bell: _____ Enclosure kind: _____

Car entrance protection: Doors or gates: _____ Number: _____ Closed by: _____

Car entrance: Height:_____ Width:_____ Height of enclosure:_____ Lighted by:_____

Emergency exits: Dimensions-Top: _____ Sides:_____ Contacts:_____

Platform-inside dimensions:_____ Floor material: _____ Enclosure ventilated by:_____

Car structure: Size crosshead members: _____ Safety plank: _____

Side beams: _____ Joists: _____ Type of car safety: _____

Governor type: _____ Location: _____ Tripping speed: _____

CABLES

	HOISTING	CAR CWT.	DRUM CWT.	GOVERNOR	COMPENSATING
Number					
Diameter					
Material					
Tensile Strength					

Equalizers: Make: _____ Approved by: _____

HOISTWAY

Enclosure: Describe: _____ Hoistway doors: Type: _____

Door interlocks: Type and mfrs. Number: _____ Underwriter approved: _____

Width of openings: _____ Height: _____ Door material: _____

Car runby: Top: _____ Bottom: _____

Guide rail size: Main: _____ Cwt.: _____ Distance between supports: _____

Buffers: Type-Car: _____ Stroke: _____ Cwt.: _____ Stroke: _____ Overall length: _____

CLEARANCES

Pit depth: _____ Car clearances: Top: _____ Bottom: _____

Counterweight clearances: Top: _____ Bottom: _____

Clearance-Edge of car platform to landing sill edge: _____

Clearance between car and hoistway enclosure opposite car opening: _____

Clearance between landing door and edge of landing threshold: _____

Clearance between highest projection on car and overhead structure vertically above: _____

Clearance between car buffer and car striker block with car level at lower landing: _____

Clearance between cwt. Buffer and cwt. Striker block with car level at top landing: _____

HYDRAULIC ELEVATORS

Kind: _____ Kind of pump: _____ Pressure developed: _____

Kind of valves: _____ Pipe: Kind: _____ Dia: _____ Relief valve: _____

Plunger: Dia: _____ Wall thickness: _____ Cylinder: Dia: _____ Wall thickness: _____

It is hereby agreed that if this application is granted and a permit issued therefore, that this elevator will conform in every detail with the ordinances regulating elevators in the City of Detroit. This elevator will not be operated until the ordinance is satisfied and a license therefore issued by the Department of Buildings and Safety Engineering.

Signed: _____ For _____ Company

TO BE FILLED IN BY PLAN EXAMINERS AND INSPECTORS

Permit No.: _____ Date Issued: _____

Plans approved by: _____

Date of inspection: _____

Remarks: _____

_____

_____

Inspector Signature: _____

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