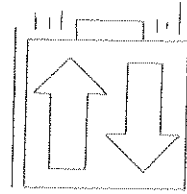


**ELEVATOR  
SUBCODE  
TECHNICAL SECTION**



Date Received \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Control # \_\_\_\_\_  
Permit # \_\_\_\_\_

**A. IDENTIFICATION—APPLICANT:** COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block \_\_\_\_\_ Lot \_\_\_\_\_

Work Site Location \_\_\_\_\_

Owner in Fee \_\_\_\_\_

Address \_\_\_\_\_

Tele. (\_\_\_\_\_) \_\_\_\_\_

Contractor/Installer \_\_\_\_\_

Address \_\_\_\_\_

Tele. (\_\_\_\_\_) \_\_\_\_\_

Federal Emp. No. \_\_\_\_\_ or Social Security No. \_\_\_\_\_

Maintenance/Service Contractor \_\_\_\_\_

Address \_\_\_\_\_

Tele. (\_\_\_\_\_) \_\_\_\_\_

**B. ELEVATOR CHARACTERISTICS:**

Building Use Group \_\_\_\_\_

Manufacture \_\_\_\_\_

Machine Rm. 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/Major Alteration \_\_\_\_\_

Estimated Cost of Elevator Work \$ \_\_\_\_\_

**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.

Signature \_\_\_\_\_ DATE \_\_\_\_\_

**D. TECHNICAL SITE DATA** (For Routine or Periodic Inspections List State Registration Number for All Devices.)

| NO.   | 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, In-<br>clined & Vertical Wheel-<br>chair Lifts & Man Lifts | _____                 |
| _____ | Oil Buffers  | _____                 |
| _____ | Counterweight Governor<br>& Safeties   | _____                 |
| _____ | Aux. Power Generator   | _____                 |
| _____ | Alterations  | _____                 |
| _____ | Other  | _____                 |
| _____ | Other  | _____                 |

**JOB SUMMARY (Office Use Only)**

No Plan Review

Joint Plan Review Required:

Bldg.  Plumb.

Fire  Elec.

Elevator Plans Approved

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

**INSPECTIONS:**

| Type:                   | Failure | Failure | Approval | Initial |
|-------------------------|---------|---------|----------|---------|
| Temp. Const. ID # _____ | _____   | _____   | _____    | _____   |
| Final _____             | _____   | _____   | _____    | _____   |

SUBCODE APPROVAL: CC  TCC

Date: \_\_\_\_\_

Approved By: \_\_\_\_\_

|  |          |
|--|----------|
| Administrative Surcharge                                     | \$ _____ |
| Certificate of Compliance                                    | \$ _____ |
| Paid <input type="checkbox"/> Check # _____ DCA Training Fee | \$ _____ |
| Collected by _____ TOTAL FEE                                 | \$ _____ |