



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

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

Maintenance/Service Contractor

Address

e-mail

Tel. FAX

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 \$

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

Table with 2 columns: QTY. and ITEM. Lists elevator components like Traction or Winding Drum, Hydraulic, Escalator/Moving Walk, etc.

FEE (Office Use Only)

Table with 1 column: FEE (Office Use Only). Shaded area for recording fees.

Administrative Surcharge \$
State Permit Surcharge Fee \$
TOTAL FEE \$

JOB SUMMARY (Office Use Only)
PLAN REVIEW
[ ] No Plans Required
[ ] Building Plans and Elevator Specs.
Date: Approved by:
[ ] Elevator Layout Drawings
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
SUBCODE APPROVAL for PERMIT
Date: Approved by:
INSPECTIONS
Type: Failure Failure Approval Initial
Temporary
Final
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CA
Date: Approved by: