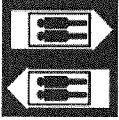




# ELEVATOR SUBCODE TECHNICAL SECTION



**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 \_\_\_\_\_

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 \_\_\_\_\_ Machine Room Location \_\_\_\_\_ Device I.D. \_\_\_\_\_

No. of Stops \_\_\_\_\_ No. of Openings \_\_\_\_\_

Travel (ft.) \_\_\_\_\_ Speed (f.p.m.) \_\_\_\_\_

Type of Control \_\_\_\_\_ Type of Operation \_\_\_\_\_

Passenger \_\_\_\_\_ Freight \_\_\_\_\_

Capacity (lbs.) \_\_\_\_\_ Year of Alteration \_\_\_\_\_

Year of Installation \_\_\_\_\_

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

**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: \_\_\_\_\_

**SUBCODE APPROVAL for CERTIFICATE**

CO  CA

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

**INSPECTIONS**

Type: Temporary \_\_\_\_\_ Failure \_\_\_\_\_ Approval \_\_\_\_\_ Initial \_\_\_\_\_

Final \_\_\_\_\_

Date Received \_\_\_\_\_  
 Control # \_\_\_\_\_

Date Issued \_\_\_\_\_  
 Permit # \_\_\_\_\_

**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  
 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 \_\_\_\_\_

**FEE (Office Use Only)**

\$ \_\_\_\_\_

Administrative Surcharge \$ \_\_\_\_\_

State Permit Surcharge Fee \$ \_\_\_\_\_

**TOTAL FEE \$ \_\_\_\_\_**