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 _____

_____

Tel (_____) _____

Contractor/Installer _____

Address _____

_____

Tel (_____) _____ FAX (_____) _____

Federal Emp. No. _____

Maintenance/Service Contractor _____

Address _____

_____

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.

_____ Date _____

Signature

D. TECHNICAL SITE DATA

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	$ _____
DCA Training Fee	$ _____
TOTAL FEE	$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Electric

[ ] Elevator Plans Approved

Date: _____

Approved by: _____

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Temporary	_____	_____	_____	_____
Final	_____	_____	_____	_____

SUBCODE APPPROVAL:

Date: _____

Approved by: _____

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.