

FEDERAL ID # IS REQUIRED
ON ALL APPLICATIONS



**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. (_____) _____ Fax (_____) _____
Federal Emp. No. _____
Maintenance/Service Contractor _____
Address _____
Tele. (_____) _____ 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.

Signature _____ Date _____

D. TECHNICAL SITE DATA

NO.	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 \$ _____
DCA Training Fee \$ _____
TOTAL FEE \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS			
[] No Plans Required		Type:	Dates (Month/Day)		
Joint Plan Review Required:		Temporary	Failure	Failure	Approval
[] Building	[] Plumbing	Final	_____	_____	_____
[] Fire	[] Electric		_____	_____	_____
[] Elevator Plans Approved		SUBCODE APPROVAL:			
Date: _____		Date: _____			
Approved by: _____		Approved by: _____			