

Block _

ELEVATOR SUBCODE TECHNICAL SECTION



Qualification Code _____

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

Lot _____

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	o. or Exemption Reason	
Federal Emp. ID No	FAX:	
Maintenance/Service ContractorAddress		
	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 \$		
JOB SUMMARY (Office Use Only) PLAN REVIEW [] No Plans Required [] Building Plans and Elevator Specs. Date:Approved by: [] Elevator Layout Drawings	INSPECTIONS Dates (Month/Day) Type: Failure Failure Approval Initial Temporary Final	
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:	

Date Received Control #

Date Issued Permit #

C. CERTIFICATION IN LIEU OF OATH

TECHNICAL SITE DATA DESCRIPTION OF WORK OTY. 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 Administrative Surcharge \$	DESCRIPTION OF WORK OTY. 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 Other	
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Other Administrative Surcharge \$	Other Administrative Surcharge \$	/////
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	State Permit Surcharge Fee \$/	/////
	TOTAL FEE \$/_/_/_/	444

U.C.C. F150 (rev. 11/09) Internet version Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.