



**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

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 \$ \_\_\_\_\_**

**JOB SUMMARY (Office Use Only)**

<p><b>PLAN REVIEW</b></p> <p><input type="checkbox"/> No Plans Required</p> <p><input type="checkbox"/> Building Plans and Elevator Specs.</p> <p>Date: _____ Approved by: _____</p> <p><input type="checkbox"/> Elevator Layout Drawings</p> <p>Date: _____ Approved by: _____</p> <p>Joint Plan Review Required:</p> <p><input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire.</p> <p><b>SUBCODE APPROVAL for PERMIT</b></p> <p>Date: _____</p> <p>Approved by: _____</p>	<p><b>INSPECTIONS</b></p> <table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">Dates (Month/Day)</td> <td></td> </tr> <tr> <td>Type:</td> <td style="text-align: center;">Failure</td> <td style="text-align: center;">Approval</td> </tr> <tr> <td>Temporary</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Final</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table> <p style="text-align: center;"><b>SUBCODE APPROVAL for CERTIFICATE</b></p> <p style="text-align: center;"><input type="checkbox"/> CO <input type="checkbox"/> CA</p> <p>Date: _____</p> <p>Approved by: _____</p>		Dates (Month/Day)		Type:	Failure	Approval	Temporary	_____	_____	Final	_____	_____
	Dates (Month/Day)												
Type:	Failure	Approval											
Temporary	_____	_____											
Final	_____	_____											