

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	o. or Exemption Reason (if applicable):
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 \$	
JOB SUMMARY (Office Use Only) PLAN REVIEW I No Plans Required I Building Plans and Elevator Specs. Date:Approved by: I Elevator Layout Drawings	INSPECTIONS Dates (Month/Day) Type: Failure Failure Approval Initial Temporary Final
Date:Approved by: Joint Plan Review Required: [SUBCODE APPROVAL for CERTIFICATE [] CO [] CA Date: Approved by:

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 a	am	authorized	to	make
this application.									

Signature	D	Pate
D. TECHNICAL	SITE DATA	
DESCRIPTIO	N OF WORK	
TI H R R E D V V C C A A A O O	raction or Winding Drum 1 to 10 Floors Over 10 Floors ydraulic oped Hydraulic scalator/Moving Walk umbwaiter tairway Chairlift, Inclined and ertical Wheelchair Lifts and Man Lifts iil Buffers ounterweight Governor and Safeties uxiliary Power Generator Iterations other ther Administrative Surcha State Permit Surcharge F	Fee \$

U.C.C. F150 (rev. 12/07) Internet version Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.