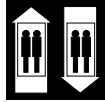




**ELEVATOR SUBCODE
TECHNICAL SECTION**



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 (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.) _____

Yr. of Install. _____ Standard Applied _____ Yr. of Alt. _____ Standard Applied _____

Estimated Cost of Elevator Work \$

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	INSPECTIONS
Dates (Month/Day)	
<input type="checkbox"/> No Plans Required	Type: Failure Failure Approval Initial
<input type="checkbox"/> Building Plans and Elevator Specs.	Temporary _____
Date: _____ Approved by: _____	Final _____
<input type="checkbox"/> Elevator Layout Drawings	
Date: _____ Approved by: _____	
Joint Plan Review Required:	SUBCODE APPROVAL for CERTIFICATE
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire.	<input type="checkbox"/> CO <input type="checkbox"/> CA
SUBCODE APPROVAL for PERMIT	Date: _____
Date: _____	Approved by: _____
Approved by: _____	

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 \$ _____

U.C.C. F150
(rev. 11/09)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy