# 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 $** _____

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW
[ ] No Plans Required
[ ] Building Plans and Elevator Specs.
Date:_____ Approved by: _____
[ ] Elevator Layout Drawings
Date:_____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

INSPECTIONS — Dates (Month/Day)

| Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Temporary | _____ | _____ | _____ | _____ |
| Final | _____ | _____ | _____ | _____ |

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CA
Date: _____
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 | FEE (Office Use Only) |
|---|---|---|
| | 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 $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ _____

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.