



APPLICATION FOR REVIEW ELEVATORS, ESCALATORS AND RELATED CONVEYANCES

-Complete Both Sides-

City of Madison Fire Dept.
Elevator Inspection Unit
325 W. Johnson St.
Madison WI 53703
Phone: (608) 266-5909
Fax: (608) 267-1153
www.madisonfire.org

Please type or print clearly. Information on this form is important for providing you with timely and efficient review of your project. Complete submittals prevent delays in processing and reviewing your project. Except for Emergency Repairs, no work may commence until approved. See DSPS 18.1009(1) and DSPS 2.15.

<p>1. Use (check one)</p> <p>Commercial Bldg./ Shared:</p> <p>Elevator</p> <p><input type="checkbox"/> Passenger Elevator</p> <p><input type="checkbox"/> Freight Elev. (Circle) A B C1 C2 C3</p> <p><input type="checkbox"/> Inclined Elevator</p> <p><input type="checkbox"/> Limited Use (LULA) Elev.</p> <p><input type="checkbox"/> Power Sidewalk Elevator</p> <p><input type="checkbox"/> Special Purpose Pers.</p> <p><input type="checkbox"/> Part V Elev. (Remod Only)</p> <p><input type="checkbox"/> Stage Elevator</p> <p>Dumbwaiter / Material Lift</p> <p><input type="checkbox"/> Dumbwaiter</p> <p><input type="checkbox"/> Type B Material Lift</p> <p>Moving Stair / Walk</p> <p><input type="checkbox"/> Escalator</p> <p><input type="checkbox"/> Moving Walk</p>	<p>Residential Dwelling:</p> <p>Elevator</p> <p><input type="checkbox"/> Residential Elevator</p> <p><input type="checkbox"/> Residential Inclined El.</p> <p><input type="checkbox"/> Passenger Elevator</p> <p><input type="checkbox"/> Freight Elev. (Circle) A B C1 C2 C3</p> <p><input type="checkbox"/> Inclined Elevator</p> <p><input type="checkbox"/> Limited Use (LULA)</p> <p>Dumbwaiter</p> <p><input type="checkbox"/> Dumbwaiter</p> <p>Lift</p> <p><input type="checkbox"/> Vertical Platform Lift</p> <p><input type="checkbox"/> Inclined Platform Lift</p> <p><input type="checkbox"/> Stairway Chair Lift</p>	<p>2. Type of Submittal</p> <p><input type="checkbox"/> New Installation</p> <p><input type="checkbox"/> Complete Replacement Of Existing Conveyance</p> <p><input type="checkbox"/> Alteration or Repair</p> <p><input type="checkbox"/> Emergency Repair</p> <p>Regulated Object ID Of Existing Unit _____ (See Box 7, Page 2)</p> <p>3. Project Site Information</p> <p>Project Name:</p> <p>Project Address:</p> <p>Elevator Number or Building Designation:</p> <p>4. After Plans Are Reviewed, (Please Check All That Apply)</p> <p><input type="checkbox"/> Requesting Party Will Pick Up.</p> <p><input type="checkbox"/> Mail Plans To Customer 1, 2, 3, 4 (Circle Number).*</p> <p>*Refers To Customer Number From Below</p>
		<p style="text-align: center;">For Office Use Only</p> <p>Transaction ID:</p> <p>Assigned Review Date:</p> <p>Assigned Reviewer:</p> <hr/> <p>Date of Contract (Between Elevator Contractor And Owner)</p>

5. Complete The Following Installer And Owner Information.

Elevator Installer / Contractor Information (Customer 1)			Requesting Party [If Different Than Installer] (Customer 3)		
First Name	Last Name	Customer Number	First Name	Last Name	Customer Number
Company Name			Company Name		
License Number (Required)			Address		
Address			Address		
City	State	Zip code	City	State	Zip Code
Phone	Fax	E-mail Address	Phone	Fax	E-mail Address
Owner Information (Customer 2)			Other (Customer 4)		
First Name	Last Name	Customer Number	First Name	Last Name	Customer Number
Company Name			Company Name		
Address			Address		
City	State	Zip Code	City	State	Zip Code
Phone	Fax	E-mail Address	Phone	Fax	E-mail Address
Check If Applicable			Check If Applicable		
<input type="checkbox"/> Payer			<input type="checkbox"/> Payer <input type="checkbox"/> Manufacturer <input type="checkbox"/> Other		

Personal information you provide may be used or secondary purposes [Privacy Law s. 15.04(1)(m)]

Make Checks Payable To City Treasurer, Attach Here	Total Amount Due	\$
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6. General Equipment Information (Complete ALL Applicable Information)

<p>Number Of Landings</p> <p>Number Of Car Or Platform Openings</p> <p>Note: Car or platform openings (doors/gates) are counted from inside the elevator, dumbwaiter or lift. Number of car or platform openings does not usually equal the number of landings and is rarely more than 2.</p>	<p>Type of Drive Unit</p> <p><input type="checkbox"/> Cable Ball & Socket <input type="checkbox"/> Roped Hydraulic</p> <p><input type="checkbox"/> Chain (Electric) <input type="checkbox"/> Screw</p> <p><input type="checkbox"/> Chained Hydraulic <input type="checkbox"/> Traction – Penthouse</p> <p><input type="checkbox"/> Direct Hydraulic <input type="checkbox"/> Traction – Basement</p> <p><input type="checkbox"/> Hand <input type="checkbox"/> Traction – Machine Roomless</p> <p><input type="checkbox"/> Rack And Pinion <input type="checkbox"/> Winding Drum</p>	<p>Rated Load</p> <p>Suspension Means</p> <p><input type="checkbox"/> Elevator Wire Rope</p> <p><input type="checkbox"/> Aircraft Cable</p> <p><input type="checkbox"/> Kevlar Rope</p> <p><input type="checkbox"/> Coated Steel Belt</p> <p><input type="checkbox"/> Chain</p> <p>Number of Susp. Means:</p> <p>Size of Susp. Means:</p>
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7. Replacement, Alteration, Emergency Repair: Complete all information in Box 6 above. List items that are changing as part of this project in Box 8. Describe the scope of the project in this space (7). If more space is needed, attach a project description.

8. Specific Equipment Information (Complete ALL Applicable Information)

Hoistway / Runway / Car / Platform	Speed Up	Speed Dn	Overhead Clear ft. in	Pit Depth ft. in	Total Travel ft. in	Car Inside Dim. x	Car Wt.	Total Wt.	Operation
	Top Runby in.	Btm Runby in.	Buffer Stroke	Buffer Type <input type="checkbox"/> Spring <input type="checkbox"/> Oil <input type="checkbox"/> Other	Guide Rail Type <input type="checkbox"/> Tee <input type="checkbox"/> Formed <input type="checkbox"/> Other		Guide Rail Sizes Car Cwt		
Machine	Machine Type	Machine Location	Primary Brake Type	Emg Brake Type	Sheave Size	Rope Const.	Hydraulic Control Valve Manuf. Model No.		
Electrical	HP	Volts – Main	Phase	On Emg /Standby Pwr <input type="checkbox"/> Yes <input type="checkbox"/> No	Battery Lowering <input type="checkbox"/> Yes <input type="checkbox"/> No	Batt. Powered - Up /Down <input type="checkbox"/> Yes <input type="checkbox"/> No		Volts – Battery	
Safety / Governor/ 2.19 Device	Safety Type <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Other	Approved Cap.	Safety Manufacturer	Governor Type <input type="checkbox"/> Centrifugal <input type="checkbox"/> Fly-ball <input type="checkbox"/> Friction <input type="checkbox"/> Other	Gov. Manufacturer	Slack Rope Switch <input type="checkbox"/> Yes <input type="checkbox"/> No	2.19 Device Manufacturer		
	Safety Model No.		Gov. Model No.	2.19 Device Model No.					
Fire Serv. / Fire Safety	Fire Fighter's Service <input type="checkbox"/> None <input type="checkbox"/> Phase I <input type="checkbox"/> Phases I & II		Designated Evac. Level	Alternate Evac. Level	<u>Sprinklers In:</u>	Machine Room Top Of Hoistway Pit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Fees - Circle appropriate total fee and indicate total fee at bottom of front page

Type of Unit	New Installation Or Complete Replacement	Alteration, Repair, Remodel
	Plan Review, Initial Insp., And Permit To Operate Fee	Plan Review & Initial Insp. Fee (No Permit To Operate Fee Req.)
1. Traction Elevator, other elevator driving machines	\$1250	\$600
2. Hydraulic Elevator	\$1090	\$520
3. Dumbwaiter, Special Application Elevator, LULA, Residential, Platform Lift, Stair Chair Lift	\$1010	\$480
4. Escalator, Moving Walk	\$1170	\$560

10. Information Required with Application

New installations

A1. At least 3 copies of this completed application with plans or shop drawings (plan sets must be stapled together as a set) showing the following:

- For elevators, platform lifts and stairway chair lifts, a plan of the car, hoistway or runway and machine room showing all clearances, including all inside car or platform dimensions specified in chapter Comm 62.
- For elevators, platform lifts and stairway chair lifts, a section through the hoistway or runway, machine room, pit and car or platform showing all applicable dimensions. All landings shall be clearly shown indicating types of hoistway or runway doors or gates used.
- For elevators, escalators and moving walks, a complete dimensioned layout of the machine room or machinery space including working clearances around machine, controller and disconnecting means showing dimensions to walls and equipment.
- For elevators, the size and weight per foot of guide rails and details of their support, including reinforcement where required.
- For platform lifts and stairway chair lifts, a copy of the architectural plans showing landing areas with clearance to adjacent walls or other obstructions.

A2. A copy of a letter from the State of Wisconsin, Safety & Buildings Division, a certified municipality or other approved plan review agency verifying that the building construction or alteration plans have been approved. Approval may be from the Department of Health and Family Services for medical facilities including hospitals and nursing homes.

A3. Indication of Review by Building Designer. The equipment shop drawings shall be stamped with the building designer's (architect's) shop drawing stamp and signed. In lieu of a shop drawing stamp, a statement of approval with the building designer's original signature may appear on the drawings. At least one set of shop drawings must contain an original stamp or statement and signature, not a photocopy.

A5. *FOR NEW INSTALLATIONS AND COMPLETE REPLACEMENTS, \$50 FEE PER ELEVATOR FOR PERMIT TO OPERATE IS REQUIRED*****

Alterations and remodels [See DSPS 18.1013(2) for covered alterations, repairs, replacements, relocations, etc.]

B1. At least 3 copies of this completed application with one of the following 3 items:

- A list of code sections of ASME A17.1, 8.7 or ASME A18.1 that are being altered. (See box 7 above).
- A detailed project description of items to be altered.
- A project specification.

B2. If alteration is listed in Tables DSPS 18.1013-1, 18.1013-2, 18.1013-3, Item **A1** above is also required.

B3. If alteration includes a change to the building structure, fire rating, accessibility or accessible route, exiting or egress width, items **A2** and **A3** above are required.

B4. The appropriate fee (see Plan Examination and Inspection Fees, above).

B5. * FOR ALTERATIONS AND REMODELS, DO NOT SUBMIT FEE FOR PERMIT TO OPERATE*****

11. Applicant Signature: I certify all the above statements are true and accurate to the best of my knowledge and belief

Signature

Title

Date Signed