



# APPLICATION FOR REVIEW ELEVATORS, ESCALATORS AND RELATED CONVEYANCES

-Complete both sides-

City of Madison Fire Dept.  
Fire Prevention Div.  
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 Comm 18.1009(1) and Comm 2.15.

Your plan will be reviewed in the order it was received. You will receive a confirmation letter with an appointment date.

<p><b>1. Use (check one)</b></p> <p><b>Commercial Bldg./ Shared Elevator</b></p> <p><input type="checkbox"/> Passenger Elevator</p> <p><input type="checkbox"/> Freight Elev. (circle class) 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. Elev</p> <p><input type="checkbox"/> Part V Elev. (remod only)</p> <p><input type="checkbox"/> Stage Elevator</p> <p><b>Dumbwaiter / Material Lift</b></p> <p><input type="checkbox"/> Dumbwaiter</p> <p><input type="checkbox"/> Type B Material Lift</p> <p><b>Moving Stair / Walk Lift</b></p> <p><input type="checkbox"/> Escalator</p> <p><input type="checkbox"/> Moving Walk</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><b>Date of Contract</b> (between elevator contr. and owner)</p>	<p><b>Residential Dwelling Elevator</b></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) El.</p> <p><b>Dumbwaiter</b></p> <p><input type="checkbox"/> Dumbwaiter</p> <p>Note: Plan review and inspection of elevators and dumbwaiters in private residences is required for contract dates on or after January 1, 2009. This is based on the date of contract between elevator installer and home owner, builder or developer.</p>	<p><b>2. Type of Submittal:</b></p> <p><input type="checkbox"/> New Installation</p> <p><input type="checkbox"/> Complete replacement of existing elevator, lift, escalator, etc</p> <p><input type="checkbox"/> Alteration or Repair</p> <p><input type="checkbox"/> Emergency Repair</p> <p>State Tag or Regulated Object No. of existing unit: (See box 7, page 2)</p>	<p>Building Plan Rev. Trans ID: Previous Related Petition for Variance Transaction ID Number (where applicable).</p> <p style="text-align: center;"><b>For office use only</b></p> <p>Transaction ID: Assigned Review Date: Assigned Reviewer:</p>
		<p><b>3. Project Site Information</b></p> <p>Project Name: Project Address:</p>	
		<p><b>Elevator Number, tenant name and / or building designation</b></p>	
		<p><b>4. After plans are reviewed, please: (check all that apply)</b></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>	

**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 (Application will not be accepted after January 1, 2009 without valid Contractor license number)			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 <input type="checkbox"/> Payer			Check if applicable <input type="checkbox"/> Payer <input type="checkbox"/> Manufacturer <input type="checkbox"/> Other		

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

<b>Make checks payable to City Treasurer, attach here</b>	<b>Total amount due    \$</b>
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**6. General Equipment Information (Complete ALL applicable information)**

Number of Landings: Number of car or platform openings: <b>Note:</b> 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.	Type of Drive Unit: <input type="checkbox"/> Cable Ball & Socket <input type="checkbox"/> Roped hydraulic <input type="checkbox"/> Chain (electric) <input type="checkbox"/> Screw <input type="checkbox"/> Chained hydraulic <input type="checkbox"/> Traction – penthouse <input type="checkbox"/> Direct hydraulic <input type="checkbox"/> Traction – basement <input type="checkbox"/> Hand <input type="checkbox"/> Traction – machine roomless <input type="checkbox"/> Rack and pinion <input type="checkbox"/> Winding drum	Rated Load (lbs): Suspension Means: <input type="checkbox"/> Elevator Wire Rope <input type="checkbox"/> Aircraft Cable <input type="checkbox"/> Kevlar Rope <input type="checkbox"/> Coated Steel Belt <input type="checkbox"/> Chain Number of Susp. Means: Size of Susp. Means:
	_____ _____ _____	

**7. Replacement, Alteration or Emergency Repair** Complete all information in Box 6 above and any items in Box 8 that are changing as part of this project. Describe the scope of the project in this space. If more space is needed, attach a project specification or project description.

_____ _____ _____
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**8. Specific Equipment Information (Complete ALL applicable information)**

<b>Hoistway / Runway and Car / Platform</b>	Speed Up fpm	Speed Down fpm	Overhead Clear. ft. in	Pit Depth ft. in	Total Travel ft. in	Car Inside Dimension x	Car Wt. lb	Total Wt. lb	Operation
	Top Runby in.	Bottom Runby in.	Buffer Stroke in.	Buffer Type <input type="checkbox"/> Spring <input type="checkbox"/> Oil <input type="checkbox"/> Bumper	Guide Rail Type <input type="checkbox"/> Tee <input type="checkbox"/> Formed <input type="checkbox"/> other	Guide Rail Sizes Car Cwt			
<b>Machine</b>	Machine Type	Mach. Location	Primary Brake Type	Emerg. Brake Type	Sheave Size In.	Rope Const.	Hydraulic Control Valve Manuf.	Model no.	
<b>Electrical</b>	H. P.	Volts – main	Phase	On Emerg / Stand-by Power <input type="checkbox"/> Yes <input type="checkbox"/> No	Batt. Emerg. Lowering Only <input type="checkbox"/> Yes <input type="checkbox"/> No	Batt. powered - Up / Down <input type="checkbox"/> Yes <input type="checkbox"/> No	Volts - Battery (if battery powered)		
<b>Safety / Governor/ 2.19 device</b>	Safety Type <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> other	Approved Cap. (lbs.)	Safety Manufacturer	Governor Type <input type="checkbox"/> Non Fly-ball <input type="checkbox"/> Fly-ball <input type="checkbox"/> Friction <input type="checkbox"/> other	Gov. Manufacturer	Gov. Model No.	Slack Rope/ Chain Switch <input type="checkbox"/> Yes <input type="checkbox"/> no	2.19 device Manufacturer	
	Safety Model No.		2.19 device Model No.						
<b>Fire Serv. / Fire Safety</b>	Fire Fighter's Service <input type="checkbox"/> None <input type="checkbox"/> Phase I <input type="checkbox"/> Phases I & II	Location of Any Remote Fire Recall Key Switches		Designated Evac. Level	Alternate Evac. Level	Sprinklers in:	Machine Room Top of Hoistway /Runway 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	Plan Examination		Type of Inspection		
	New Installations	Alterations, Repairs and Remodeling	Acceptance or Acceptance Re-inspection		Periodic or Periodic Re-inspection
			New Installations	Alterations, Repairs and Remodeling	
1. Traction elevator, other elevator driving machines	\$400.00	\$200.00	\$800.00	\$400.00	\$320.00
2. Hydraulic elevator	\$320.00	\$160.00	\$720.00	\$360.00	\$240.00
3. Dumbwaiter, platform lift, stair chair lift, special application elevator	\$320.00	\$160.00	\$640.00	\$320.00	\$160.00
4. Escalator, moving walk	\$320.00	\$160.00	\$800.00	\$400.00	\$320.00

**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.

A4. The appropriate fee (see Plan Examination and Inspection Fees, above) and \$35 for a Permit To Operate.

**Alterations and remodels [See Comm 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 Comm 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).

**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
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