



INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM FOR ELEVATORS, ESCALATORS AND RELATED TRANSPORTATION

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

A complete application form is essential for recording important information and performing the plan review and inspection. An incomplete application may result in delays in processing the application, reviewing the material and issuing approval to begin the installation, replacement, repair or alteration. Correct information provides for future scheduling of annual inspections and applying appropriate codes throughout the life of the elevator, escalator, lift or other related device.

Please refer to the appropriate box and/or line when utilizing these instructions.

Side 1:

The box in the upper right is used to associate the elevator, escalator, lift or other device to a building construction or alteration project or a petition for variance. If the elevator, escalator, lift or other related project required a petition for variance include the Petition for Variance Transaction ID Number from the petition approval letter.

Box 1. Use. Check the box for the type of unit being installed, replaced, altered or repaired. The Date of Contract must be indicated. This is the date the contract was signed between the elevator, escalator, lift or related contractor and the owner/agent to provide the service and is used to determine the applicable codes.

Box 2. Type of Submittal. Check the proper box. For a complete replacement, alteration, repair or emergency repair, the State Tag Number or Regulated Object Number of the existing unit is required.

Box 3. Project Site Information. Complete project name and street address. City information is required. If the building has more than one elevator, dumbwaiter, escalator, moving walk or lift include the number for this unit. If the site includes multiple buildings or is a building with multiple tenants, include the building designation or tenant name.

Box 4. After plans are reviewed. Check the preferred method for returning the plans after review. Plans may be mailed or picked up. The owner will be sent a copy of the approval letter. If any other parties (such as an architect or contractor) are to receive a copy of the approval letter, indicate this by circling the appropriate customer number from Box 5.

Box 5. Installer and owner information. Customer 1 - Elevator, escalator, lift or related contractor performing the work, usually the submitter of the plans and application. Customer 2 - Owner of the building in which the work is to be performed. Customers 3 and 4 - May be used for other parties if a copy of the approval letter is to be mailed to a party circled in Box 4.

Total Amount Due section. Total amount from fee schedule in Box 9, side 2.

Side 2:

Box 6. General Equipment Information. Complete all applicable information. For elevators, dumbwaiters and lifts see note on application regarding number of car or platform openings.

Box 7. Replacement, Alteration or Emergency Repair. For alterations, repairs or remodels of existing equipment list items from Comm 18, Tables 18.1013-1 through 7 that apply, or attach a project specification or other list as described in Box 10 of the application form under "Alterations".

Box 8. Specific Equipment Information. Complete all applicable information for new installations. For alterations, repairs or remodels of existing equipment, complete any information that will be changing as part of the project. An incomplete application form may result in delays in processing the application, reviewing the material and issuing approval to begin the project.

Box 9. Fee. Determine the appropriate fee based on the location of the project by county. See the application form or the Madison Fire Department web site for fee. Attach a check for the appropriate amount to the front of the form. Multiple projects can be combined on one check.

Box 10. Information Required with Application. Please note the following:

- A minimum of three copies of the materials must be submitted for review. One set will be filed with the Madison Fire Department and the remaining sets will be stamped with the review action (most likely approval) and returned. Contractor must make one set available at the construction site from the start of the project through the final inspection per Comm 18.1009. The material including the approval letter is to be available to all contractors at the site from the start of the project.
- For projects involving any type of building construction or alteration, at least one set of shop drawings must include an original shop drawing stamp bearing the name of the firm employing the supervising professional, and signature or initials of an employee of that firm. In lieu of a shop drawing stamp, a note as described in Box 10 of the application form will be accepted. The additional sets of shop drawings may be identical photocopies with or without the stamp or note. Comments from the shop drawing reviewer may appear on the drawings but may not include a rejection of them.
- If plans are multiple pages, each set must be bound (stapled) in sets as they were reviewed by the supervising professional or an employee of the supervising professional.

Line 11. Applicant Signature. Please sign and date the form.

For questions regarding the application form and materials to be included, please contact the Madison Fire Department, Elevator Inspection Division at (608) 266-5909 or asmith@cityofmadison.com.