APPLICATION FOR REVIEW ELEVATORS, ESCALATORS AND RELATED CONVEYANCES

**-Complete Both Sides-**

**City of Madison Fire Dept. Elevator Inspection Unit**

**314 W Dayton St Madison, WI 53703-2506**

**Phone: (608) 266-5909**

**Fax: (608) 267-1100**

[**www.madisonfire.org**](http://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 SPS 18.1009(1) and SPS 2.15.

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

1. **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** | **City** | **State** | **Zip Code** |
| **City** |  | **State** | **Zip code** | **Phone** | **Fax** | **E-mail Address** |
| **Phone** | **Fax** | **E-mail Address** |  |
| **Owner Information (Customer 2)** | **General Contractor (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 Payer** | **Check If Applicable****Payer Manufacturer** | **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**

**$**

1. **General Equipment Information (Complete ALL Applicable Information)**

|  |  |  |
| --- | --- | --- |
| **Number Of Landings****Number Of Car Or Platform Openings****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.** | **Type of Drive Unit****Cable Ball & Socket Rack and Pinion Chain (Electric) Screw****Chained Hydraulic Traction – Penthouse Direct Hydraulic Traction – Basement****Direct Hydraulic-MRL Traction – Machine Roomless Roped Hydraulic Winding Drum** | **Rated Load Suspension Means****Elevator Wire Rope Aircraft Cable Kevlar Rope Coated Steel Belt Chain****Number of Susp. Means:****Size of Susp. Means:** |

1. **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.**
2. **Specific Equipment Information (Complete ALL Applicable Information)**

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

1. **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** | **$1275** | **$600** |
| **2. Hydraulic Elevator** | **$1115** | **$520** |
| **3. Dumbwaiter, Special Application Elevator, LULA, Residential, Platform Lift, Stair Chair Lift** | **$1035** | **$480** |
| **4. Escalator, Moving Walk** | **$1195** | **$560** |
| **5. Construction Car (inspection only)** | **Traction: $800 ~or~ Hydraulic: $720** |  |

1. **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. 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, $75 FEE PER ELEVATOR FOR PERMIT TO OPERATE IS REQUIRED (UNLESS INSTALLED INSIDE 1 or 2 FAMILY DWELLING)\*\*\***

Alterations and remodels [See SPS 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 SPS 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**

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

Signature Title Date Signed