

File #: _____
 Permit #s: _____

ELP

Uniform Construction Code (UCC)

APPLICATION FOR CONSTRUCTION PERMIT: LIFTING DEVICES

All of the information on this form must be supplied before a permit will be issued for the construction of any passenger, freight, dumbwaiter, VRC or LULA elevator. This application may be used for as many as four identical new lifting devices, as long as all of the equipment is within the same hoistway and machinery space.

Part A: Owner Information	Owner Name _____ Street Address _____ City _____ State _____ Zip Code _____ Phone Number (____) _____ - _____
Part B: Building Information	1. Building Name _____ Street Name and # _____ City _____ State _____ Zip Code _____ Political Subdivision _____ County _____ 2. Use/occupancy of this building: _____ 3. Does building have a basement: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of stories: _____ 4. Is there any lifting equipment already in this building? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," supply the file number from the Certificate of Operation: _____ 5. Is this new equipment replacing an existing lift? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," supply the File Number _____ and the Equipment Number _____
Part C: Elevator Type(s)	<input type="checkbox"/> Passenger <input type="checkbox"/> Passenger/Freight <input type="checkbox"/> Freight with class loading: <input type="checkbox"/> A or <input type="checkbox"/> B or <input type="checkbox"/> C: 1 2 3 <input type="checkbox"/> Dumbwaiter <input type="checkbox"/> LULA <input type="checkbox"/> VRC <input type="checkbox"/> Other (specify): _____
Part D: Equipment Type(s)	<input type="checkbox"/> Geared <input type="checkbox"/> Gearless <input type="checkbox"/> Hydraulic <input type="checkbox"/> Roped-Hydraulic <input type="checkbox"/> Other (specify): _____
Part E: Equipment Data	1. Capacity _____ Lbs. Net Inside Platform Area _____ Ft. & In. 2. Car Speed (Up) _____ Ft./Min. Car Speed (Down) _____ Ft./Min. 3. Travel _____ Ft. & In. No. of Stops _____ 4. No. of Openings _____ Floor designations _____
Part F: Description of Hoistway	1. Hoistway is: <input type="checkbox"/> New <input type="checkbox"/> Existing Building is: <input type="checkbox"/> New <input type="checkbox"/> Existing 2. If new hoistway, is this in an addition to an existing building? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Is hoistway in a new, free-standing building? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Describe construction of hoistway and its fire-rating: _____ _____
FOR L&I USE ONLY	Check Number: _____ Amount: _____ Bates Number: _____

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Part G: Description of Lifting Device(s)	<ol style="list-style-type: none"> 1. Do all elevator lifts comply with the accessibility requirements of the UCC? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Does the construction of the car/platform meet the fire/flame-spread rating requirements in the applicable ASME code? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Number and Size of Hoist Cables/Chains: _____ Safety Factor: _____ 4. Is hoistway door interlock certified/listed and labeled per §2.12.4.3? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no," explain: _____ 5. Top Car Clearance: ____ in. Top CWT Clearance: ____ in. Bottom Car Clearance: ____ in. 6. Is refuge space atop car a min. of 5.49 sq. ft., with no side less than 24 in.? <input type="checkbox"/> Yes <input type="checkbox"/> No 7. Is refuge space below car a min. of 24x48x24 in. or 18x35x42 in.? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. Bottom Car Runby: _____ inches Top Car Runby: _____ inches 9. Bottom Counterweight Runby: _____ inches 10. Type of Buffers: <input type="checkbox"/> Spring <input type="checkbox"/> Oil <input type="checkbox"/> Reduced Stroke Oil <input type="checkbox"/> Other: _____ 11. Buffer Stroke: Car: _____ inches Counterweight: _____ inches 12. Are hoistway doors "B"-labeled fire-rated doors? <input type="checkbox"/> Yes <input type="checkbox"/> No 13. Number of Door Openings: <input type="checkbox"/> One (1) <input type="checkbox"/> Two (2) 14. <u>Manufacturer/ Type/ PA Approved Model & Certificate #</u> of Platform/Counterweight Safety: _____ 15. Type of Speed Governor: _____ Type of Brake: _____ 16. Is slack-cable/chain device provided? <input type="checkbox"/> Yes <input type="checkbox"/> No 17. Line Voltage: _____ volts Three-phase? <input type="checkbox"/> Yes <input type="checkbox"/> No
Part H: Additional Information	_____ _____ _____ _____
Part I: Building Contractor	Name _____ Street Address _____ City _____ State _____ Zip Code _____ Phone Number (____) ____ - _____
Part J: Elevator Contractor	Name _____ Street Address _____ City _____ State _____ Zip Code _____ Phone Number (____) ____ - _____
Part K: Recipient of Approved Application	Contact Person _____ Company Name _____ Street Address _____ City _____ State _____ Zip Code _____ Phone Number (____) ____ - _____ E-mail _____

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**Part L:
 Building
 Approval**

Lifting device approval cannot be granted unless the following information is supplied (regarding building approval) and certified by a licensed design professional (architect or engineer).

Building Name _____
 Address _____

Drawing Number of Elevator Plans Used for Building Approval: _____

If approval granted by Department of Labor & Industry :

Drawing Index/UCC Permit Number: _____
 File Number: _____
 Date of Approval: _____
 Code Approved Under: _____

If approval granted by a municipality (or a third party agency on behalf of municipality):

Name of Municipality: _____
 Type (check one): Borough City Township
 Permit Number: _____
 Date of Approval: _____
 Code Approved under: _____
 Name of Building Code Official: _____
 Phone Number: _____ - _____ - _____

I hereby certify that the building named above in which this lifting equipment will be located is designed to meet all fire safety, structural and other building code requirements applicable to the lifting devices to be installed in this building.

I also certify that I have obtained plan approval from the jurisdiction listed above and that this approval was based on the specifications for the type of lift shown on the elevator drawings noted above.

Name of design professional: _____

Signature of design professional: _____

Seal of design professional:

SEAL

**Applicant
 Signature**

By signing this document, I certify that the proposed work will comply with the Pennsylvania Construction Code Law (1999, November 10, P.L. 491, No. 45), its regulations and all applicable standards.

Name (printed): _____

Name (signed): _____

Date: _____

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 ONLY

Approved by: _____ Date: _____
 Applicable standards: _____