

File #: _____

Permit #: _____

ELP

Uniform Construction Code (UCC)

APPLICATION FOR CONSTRUCTION PERMIT: WHEELCHAIR & STAIRCHAIR LIFTS

All of the information requested on this form must be supplied before a permit will be issued for the construction of any wheelchair or stairchair lift.

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"/> Inclined Wheelchair Lift <input type="checkbox"/> Vertical Wheelchair Lift <input type="checkbox"/> Inclined Stairchair Lift
Part D: Equipment Type(s)	<input type="checkbox"/> Screw Column <input type="checkbox"/> Hydraulic <input type="checkbox"/> Roped/Chain Hydraulic <input type="checkbox"/> Rack & Pinion <input type="checkbox"/> Other (specify): _____
Part E: Equipment Data	1. Capacity _____ Lbs. Net Inside Platform Area _____ Sq. Ft. 2. Speed _____ Ft/Min. Number of Stops _____ 3. Travel _____ Ft. Number of Openings _____ 4. Floor designations _____ Angle of Inclination _____ 5. If inclined stairchair or wheelchair lift, list number of each of the following turns: _____ 90° _____ 180°
FOR L&I USE ONLY	Check _____ Bates _____ Number: _____ Amount: _____ Number: _____

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Part F: Description of Hoistway or Runway	1. Hoistway or runway 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. If this a vertical lift that requires a hoistway (shaftway), describe the construction and fire rating: _____
Part G: Description of Lift	1. Vertical wheelchair lift is: <input type="checkbox"/> Enclosed <input type="checkbox"/> Partially Enclosed <input type="checkbox"/> Unenclosed <input type="checkbox"/> Shaftway 2. Does the wheelchair lift that penetrates a floor meet sections 2.1 and 2.6.7? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Number and Size of Hoistway Cables/Chains: _____ Factor of Safety: _____ 4. If the lift penetrates a floor area, are the hoistway doors "B" labeled for fire-resistance? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Number of Platform Openings: <input type="checkbox"/> 1 <input type="checkbox"/> 2 6. Is a speed governor provided? <input type="checkbox"/> Yes <input type="checkbox"/> No 7. Type of Brake: _____ 8. Is a slack cable/chain device provided? <input type="checkbox"/> Yes <input type="checkbox"/> No 9. Line Voltage: AC _____ Volts DC _____ Volts 10. Is a means of disconnect installed per §620 of the <i>National Electric Code</i> ? <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: _____