**Uniform Construction Code (UCC) APPLICATION FOR CONSTRUCTION AND ALTERATION PERMIT**

All of the information on this form must be supplied before a permit will be issued for the construction, repair, alteration, or replacement of components of any passenger, freight, dumbwaiter, LULA, SPPE, RPE, escalator, moving walk, vertical platform lift, inclined platform lift, inclined stairway chairlift and VRC

☐ EXPEDITE REVIEW. ADDITIONAL FEE SUBMITTED.

<table>
<thead>
<tr>
<th>Application Type</th>
<th>☐ New installation/construction</th>
<th>☐ Repair, alteration or replacement of components: Building Code #: ______ Equipment #: ______</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Owner Information</th>
<th>Owner Name ____________________</th>
<th>Mailing Address ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>City __________________ State _______ Zip Code _______</td>
<td>Telephone ______ Fax ______ Email _______</td>
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<table>
<thead>
<tr>
<th>Building Location Information</th>
<th>Building Name __________________</th>
<th>Physical Address ____________________________</th>
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<tbody>
<tr>
<td></td>
<td>City __________________ State _______ Zip Code _______</td>
<td>County __________________</td>
</tr>
<tr>
<td></td>
<td>Municipality Name __________________</td>
<td>Municipality Type: Borough ☐ City ☐ Township ☐</td>
</tr>
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<td></td>
<td>1. Hoistway or runway is: New ☐ Existing ☐</td>
<td></td>
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<tr>
<td></td>
<td>2. Building is: New ☐ Existing ☐</td>
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<td></td>
<td>3. Is glass installed in the hoistway or runway? Yes ☐ No ☐</td>
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<td></td>
<td>4. Is there a lifting equipment already in this building? Yes ☐ No ☐</td>
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<td>If yes, supply the building code: ______________________</td>
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<td>5. Is the new equipment replacing an existing lift? Yes ☐ No ☐</td>
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<td></td>
<td>If yes, supply the equipment number: ____________________</td>
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<tr>
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<td>6. Is this lifting device required to comply with the seismic requirements of Section 8.4 or 8.5 of the ASME A17.1a-2002? Yes ☐ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

**UCC Building Permit Certification**

I hereby certify that the building 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 the necessary UCC building permit from the Building Code Official and that this permit was based on the specifications for the type of lift shown on the elevator drawing submitted with this application.

Printed name of design professional: ________________________________________________

Signature of design professional: ________________________________________________

Seal of design professional: SEAL

| For L&I Use Only | Application #: __________________ | Check #: ___________ Amount: ___________ Bates #: __________________ |
|------------------|-----------------------------------|---------------------|---------------------------|-----------------------------|----------------------------|
### Building Code Information

- Printed name of individual who obtained Building Code Approval
- Signature of individual who obtained Building Code Approval
- Permit #: ______________________
- BCO Name: ______________________

### Hoistway Certification Used for Alteration & Replacement Elevator Only

I have examined and checked the building structure or building plans regarding the elevator hoistway, pit and machine room and hereby certify that they are adequate for the loads to be imposed on them and are in accordance with the applicable laws and regulations of this Commonwealth.

- Printed name of design professional: _________________________________________
- Signature of design professional: ____________________________________________
- Seal of design professional: SEAL

### Equipment Type(s)

- Passenger [ ]
- Passenger/freight [ ]
- Class A freight loading [ ]
- Class B freight loading [ ]
- Class C1 freight loading [ ]
- Class C2 freight loading [ ]
- Class C3 freight loading [ ]
- Temporary Construction use [ ]
- Other (specify) [ ]:

- Escalator [ ]
- Moving walk [ ]
- Dumbwaiter [ ]
- Rack and pinion elevator (RPE) [ ]
- Limited use/limited access (LULA) [ ]
- Special purpose personnel elevator (SPPE) [ ]
- Vertical reciprocating conveyor (VRC) [ ]

### Drive Type(s)

- Geared [ ]
- Gearless [ ]
- Drum [ ]
- Hydraulic [ ]
- Roped/chained hydraulic [ ]
- Screw column [ ]
- Rack and pinion [ ]
- Chained (escalator or moving walk) [ ]
- Other (specify) [ ]:

### New Lifting Device Data

1. Capacity __________________ (lbs.)
2. Rated speed _______________ (ft/min)
3. Total travel ________________ (ft & in)
4. Total number of hoistway openings ____________ Front ________ Rear ________
5. Manufacturer/type/PA approved model & certificate of # of platform/counterweight safety:

   ________________________________

6. Will the newly installed cab interior, enclosure, or platform meet the flame spread and smoke development requirements of the applicable ASME code? Yes [ ] No [ ]

### Existing Lifting Device Data

1. Capacity __________________ (lbs.)
2. Rated speed _______________ (ft/min)
3. Total travel ________________ (ft & in)
4. Total number of hoistway openings ____________ Front ________ Rear ________
5. Will the newly installed cab interior, enclosure, or platform meet the flame spread and smoke development requirements of the applicable ASME code? Yes [ ] No [ ]

### Scope of Work for Repair, Alteration or Replacement of Components

- Code Reference: __________________________
- Description of work:
  - __________________________
  - __________________________
  - __________________________
  - __________________________
  - __________________________
  - __________________________

(Attach a separate 8 ½ “ x 11” sheet with information listed above if space provided is insufficient to describe scope of work.)
### Escalator or Moving Walk Data

1. Capacity ___________ (people per hour)
2. Rated speed ___________ (feet per minute)
3. Vertical rise ___________ (feet and inches)
4. Length of horizontal projection of entire truss measured along center line: ___________ (ft/in)
5. Angle of inclination: ___________ Floor ___________ to ___________
6. Brake rated load: ___________ (lbs.)

#### Brake data plate info:

- a. Brake torque taken at test point: ___________ (ft/lb)
- b. What is method of measuring required brake torque? Breakaway □ Dynamic □
- c. At what location is the required brake torque to be taken? ___________
  - Motor shaft □ Machine input shaft □ Main drive shaft □
- d. What is the minimum stopping distance with no load? ___________ (in)
- e. What is minimum distance from the skirt obstruction device to comb plate? ___________ (in)

8. Is a speed governor provided: Yes □ Not Applicable □

9. Are skirt deflector devices installed? Yes □ No □

10. What is the minimum headroom between landings? ___________ (ft/in)

11. Is this an outdoor unit? Yes □ No □

12. If this is an outdoor unit:
   - a. Is it of special design to withstand exposure to weather? Yes □ No □
   - b. Is a cover provided? Yes □ No □
   - c. Are heaters provided? Yes □ No □
   - d. Are drains provided in lower pit? Yes □ No □
   - e. Are slip-resistant landing plates and comb plates provided? Yes □ No □

### Elevator Contractor

Name ____________________________________________
Mailing Address ____________________________________________________________________________
City ___________________________ State ____________ Zip Code ________________
Telephone ______________________ Fax _______________ Email ______________________

### Filing Requirements

**FEE SCHEDULE:** For an up-to-date listing of fees, please see the Fee Schedule listed on our website (www.dli.pa.gov/Individuals/Labor-Management-Relations/bois) or contact our office for a copy of the Fee Schedule by telephone at 717-787-3806 option 2 or by fax at 717-705-7261.

Be sure to include any additional information necessary when mailing this application and the appropriate fee to the Department.

### Recipient of Approved Application

Applicant Name ____________________________________________
Mailing Address ____________________________________________________________________________
City ___________________________ State ____________ Zip Code ________________
Telephone ______________________ Fax _______________ Email ______________________

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. I further acknowledge that if any part of the proposed installation is not in compliance with the applicable regulations, I must submit a request for variance (Form LIIB 121) prior to installation and await a decision of the Industrial Board regarding my request.

Applicant name (printed): ____________________________ Date: ____________
Applicant signature: ____________________________

### Additional Information

__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

### For L&I Use Only

Approved by: ____________________________ Date: ____________
Applicable standards: ____________________________