



pennsylvania

DEPARTMENT OF LABOR & INDUSTRY
BUREAU OF OCCUPATIONAL & INDUSTRIAL SAFETY

Building Code #:	_____
Permit #s	_____

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.

Application Type	<input type="checkbox"/> New installation/construction <input type="checkbox"/> Repair, alteration or replacement of components: Building Code #: _____ Equipment #: _____
Owner Information	Owner Name _____ Mailing Address _____ City _____ State _____ Zip Code _____ Telephone _____ Fax _____ Email _____
Building Location Information	Building Name _____ Physical Address _____ City _____ State _____ Zip Code _____ County _____ Municipality Name _____ Municipality Type: Borough <input type="checkbox"/> City <input type="checkbox"/> Township <input type="checkbox"/> 1. Hoistway or runway is: New <input type="checkbox"/> Existing <input type="checkbox"/> 2. Building is: New <input type="checkbox"/> Existing <input type="checkbox"/> 3. Is glass installed in the hoistway or runway? Yes <input type="checkbox"/> No <input type="checkbox"/> 4. Is there a lifting equipment already in this building? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, supply the building code: _____ 5. Is the new equipment replacing an existing lift? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, supply the equipment number: _____ 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 <input type="checkbox"/> No <input type="checkbox"/>
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 #: _____

Department of Labor & Industry | Bureau of Occupational & Industrial Safety | Elevator Division
651 Boas Street | Room 1612 | Harrisburg, PA 17121-0750 | 717.787.3806 | F 717.705.7261 | www.dli.pa.gov

*Auxiliary aids and services available upon request to individuals with disabilities.
Equal Opportunity Employer/Program*

Building Code Information	<hr/> Printed name of individual who obtained Building Code Approval <hr/> 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 <input type="checkbox"/> Escalator <input type="checkbox"/> Vertical platform lift <input type="checkbox"/> Passenger/freight <input type="checkbox"/> Moving walk <input type="checkbox"/> Inclined platform lift <input type="checkbox"/> Class A freight loading <input type="checkbox"/> Dumbwaiter <input type="checkbox"/> Inclined stairway chairlift <input type="checkbox"/> Class B freight loading <input type="checkbox"/> Rack and pinion elevator (RPE) <input type="checkbox"/> Class C1 freight loading <input type="checkbox"/> Limited use/limited access (LULA) <input type="checkbox"/> Class C2 freight loading <input type="checkbox"/> Special purpose personnel elevator (SPPE) <input type="checkbox"/> Class C3 freight loading <input type="checkbox"/> Vertical reciprocating conveyor (VRC) <input type="checkbox"/> Temporary Construction use <input type="checkbox"/> Other (specify) <input type="checkbox"/> : _____
Drive Type(s)	Geared <input type="checkbox"/> Hydraulic <input type="checkbox"/> Rack and pinion <input type="checkbox"/> Gearless <input type="checkbox"/> Roped/chained hydraulic <input type="checkbox"/> Chained (escalator or moving walk) <input type="checkbox"/> Drum <input type="checkbox"/> Screw column <input type="checkbox"/> Other (specify) <input type="checkbox"/> : _____
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 <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
Scope of Work for Repair, Alteration or Replacement of Components	Code Reference: _____ Description of work: _____ _____ _____ _____ _____ _____ _____ _____ (Attach a separate 8 1/2" 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.) 7. Brake data plate info: a. Brake torque taken at test point: _____ (ft/lb) b. What is method of measuring required brake torque? Breakaway <input type="checkbox"/> Dynamic <input type="checkbox"/> c. At what location is the required brake torque to be taken? _____ Motor shaft <input type="checkbox"/> Machine input shaft <input type="checkbox"/> Main drive shaft <input type="checkbox"/> 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 <input type="checkbox"/> Not Applicable <input type="checkbox"/> 9. Are skirt deflector devices installed? Yes <input type="checkbox"/> No <input type="checkbox"/> 10. What is the minimum headroom between landings? _____ (ft/in) 11. Is this an outdoor unit? Yes <input type="checkbox"/> No <input type="checkbox"/> 12. If this is an outdoor unit: a. Is it of special design to withstand exposure to weather? Yes <input type="checkbox"/> No <input type="checkbox"/> b. Is a cover provided? Yes <input type="checkbox"/> No <input type="checkbox"/> c. Are heaters provided? Yes <input type="checkbox"/> No <input type="checkbox"/> d. Are drains provided in lower pit? Yes <input type="checkbox"/> No <input type="checkbox"/> e. Are slip-resistant landing plates and comb plates provided? Yes <input type="checkbox"/> No <input type="checkbox"/>
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: _____