

File No.: _____
Date: _____

ELEVATOR SAFETY BOARD PETITION

Uniform Construction Code (UCC)

This form may be used to seek a variance or an extension of time.

Type or print legibly all requested information. If additional space is required, attach a separate 8-1/2"x11" sheet.

PLEASE TYPE OR PRINT NEATLY IN INK

EXPEDITED REVIEW. ADDITIONAL FEE SUBMITTED.

Petitioner	Contact person _____ Company name _____ Street address _____ City _____ State _____ ZIP code _____ Phone _____ Fax no. _____ Email address _____
Elevator Location	Building or structure name _____ Building Code _____ If existing, provide the Department issued equipment no(s): _____ If new, how many pieces of equipment does this variance apply to? _____ Street address _____ City _____ State _____ ZIP code _____
Request for Variance(s)	<p>Provide <u>all</u> of the following information for <u>each</u> variance requested:</p> <ul style="list-style-type: none"> Section of code requesting variance(s). Detail what your alternative approach entails and any compensatory measures. State the reasons for the requested variance, including why the strict letter of regulation is impractical, how the variance would satisfy the code's intent, and why the modification would not lessen health, life and safety requirements in the listed code section(s).
Extension of Time Request	Detail the reasons for this request. Specify length of extension requested or completion date.
L&I USE ONLY	Date received: _____ Check #: _____ Bates #: _____

Appeal of Inspector Decision	<p>Inspector name _____ Date of decision _____</p> <p>Check which of the following form the basis for your appeal:</p> <p><input type="checkbox"/> The true intent of the Pennsylvania Construction Code Act (PCCA) and its regulations was incorrectly interpreted.</p> <p><input type="checkbox"/> The PCCA and its regulations do not apply.</p> <p><input type="checkbox"/> A compensatory measure is to be utilized.</p> <p><input type="checkbox"/> Other: Please explain.</p> <p>Detail the grounds for appealing this decision, citing PCCA or regulatory provisions, or explaining compensatory measures.</p>
Filing Requirements	<p>Submission requirements shall be as follows:</p> <ol style="list-style-type: none"> One copy of the completed Elevator Safety Board Petition and any additional information sheets. When variances are requested, as many variances as may be needed may be sought via this petition. One copy of the completed elevator permit application and drawings, or a copy of the approved permit for the piece(s) of equipment you are requesting a variance for. Additional set of drawings if needed for variance approval. Check or money order made payable to “Commonwealth of Pennsylvania.” All fees paid to the Elevator Safety Board must be separate from any fees paid to the Bureau of Occupational and Industrial Safety’s Elevator Division. <p>Fee Schedule:</p> <p>Variances/Appeals/Extension of Time Requests..... \$388.81 (per building) May contain multiple pieces of equipment and/or multiple variance requests.</p> <p>Expedited Review of petition..... Additional \$1211.25 (per building)</p> <p>Elevator permit application..... Refer to elevator fee schedule</p> <p>Contact the Elevator Safety Board at 717-787-6114 or RA-LIELEVSAFETYBD@pa.gov for questions or concerns.</p> <p>Mail the complete submission package to:</p> <p style="text-align: center;">Department of Labor & Industry Elevator Safety Board 651 Boas Street, Room 1622 Harrisburg, PA 17121-0750</p>
Petitioner Signature	<p>_____</p> <p style="text-align: center;">Petitioner signature</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">Telephone number</p>

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