

File No.: \_\_\_\_\_

Date: \_\_\_\_\_

**EI-1**

## ELEVATORS AND OTHER LIFTING DEVICES INDUSTRIAL 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.**

<b>Petitioner</b>	<b>Contact person</b> _____ Company name _____ Street address _____ City _____ State _____ ZIP code _____ Phone _____ Fax no. _____ Email address _____
<b>Elevator Location</b>	<b>Building or structure name</b> _____ Building Code _____ Equip no. _____ Permit no. _____ Street address _____ City _____ State _____ ZIP code _____ Municipality, borough or city name _____ County _____
<b>Request for Variance(s)</b>	<b>Provide <u>all</u> of the following information for each variance requested:</b> <ul style="list-style-type: none"> <li>Section of code requesting variance(s).</li> <li>Detail what your alternative approach entails and any compensatory measures.</li> <li>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).</li> </ul>
<b>Extension of Time Request</b>	Detail the reasons for this request. Specify length of extension requested or completion date.
<b>IND. BD. USE ONLY</b>	Date received: _____ Check #: _____ Bates #: _____

<p><b>Appeal of Inspector Decision</b></p>	<p>Inspector name _____ Date of decision _____</p> <p>Check which of the following form the basis for your appeal:</p> <p>The true intent of the Pennsylvania Construction Code Act (PCCA) and its regulations was incorrectly interpreted. <input type="checkbox"/></p> <p>The PCCA and its regulations do not apply. <input type="checkbox"/></p> <p>A compensatory measure is to be utilized. <input type="checkbox"/></p> <p>Other: Please explain. <input type="checkbox"/></p> <p>Detail the grounds for appealing this decision, citing PCCA or regulatory provisions, or explaining compensatory measures.</p>				
<p><b>Filing Requirements</b></p>	<p>Submission requirements shall be as follows:</p> <ol style="list-style-type: none"> <li>1. One copy of the completed <b>Elevators and Other Lifting Devices Industrial Board Petition</b> (LIIB-118) and any additional information sheets. When variances are requested, as many variances as may be needed may be sought via this petition.</li> <li>2. One set of drawings, if needed for variance approval.</li> <li>3. Check or money order made payable to "<b>Commonwealth of Pennsylvania.</b>" All fees paid to the Industrial Board must be separate from any fees paid to the Bureau of Occupational and Industrial Safety.</li> </ol> <p><b>Fee Schedule:</b></p> <table> <tr> <td>Variances/Appeals/Extension of Time Requests</td> <td>\$321 (<b>per building</b>) May contain multiple pieces of equipment and/or multiple variance requests.</td> </tr> <tr> <td>Expedited Review</td> <td>Additional \$1000 (<b>per building</b>)</td> </tr> </table> <p>Contact the Industrial Board at 717-787-6114 for questions or concerns. Mail the complete submission package to:</p> <p style="text-align: center;"><b>Department of Labor &amp; Industry Industrial Board 651 Boas Street, Room 1622 Harrisburg, PA 17121-0750</b></p> <p><b>NOTE:</b></p> <ul style="list-style-type: none"> <li>• A separate petition form must be used for each building.</li> <li>• A separate petition form must be used for each piece of equipment if the variances requested for each are different.</li> <li>• If additional requests are needed after this petition is filed, you must submit these requests on a separate petition, along with an additional \$321 petition fee.</li> </ul>	Variances/Appeals/Extension of Time Requests	\$321 ( <b>per building</b> ) May contain multiple pieces of equipment and/or multiple variance requests.	Expedited Review	Additional \$1000 ( <b>per building</b> )
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Expedited Review	Additional \$1000 ( <b>per building</b> )				
<p><b>Petitioner Signature</b></p>	<p>_____ ( ) - _____</p> <p style="text-align: center;">Petitioner signature Telephone number</p>				

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