**APPLICATION FOR CONSTRUCTION PERMIT: LIFTING DEVICES**

All of the information on this form must be supplied before a permit will be issued for the construction of any passenger, freight, dumbwaiter, VRC or LULA elevator. This application may be used for as many as four identical new lifting devices, as long as all of the equipment is within the same hoistway and machinery space.

### Part A: Owner Information

<table>
<thead>
<tr>
<th>Owner Name</th>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Phone Number</th>
</tr>
</thead>
</table>

### 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: □ Yes □ No

   Number of stories:

4. Is there any lifting equipment already in this building? □ Yes □ No

   If “yes,” supply the file number from the Certificate of Operation:

5. Is this new equipment replacing an existing lift? □ Yes □ No

   If “yes,” supply the File Number _______ and the Equipment Number _______

### Part C: Elevator Type(s)

- □ Passenger
- □ Passenger/Freight
- □ Freight with class loading: □ A or □ B or □ C
- □ Dumbwaiter
- □ LULA
- □ VRC
- □ Other (specify): __________

### Part D: Equipment Type(s)

- □ Geared
- □ Gearless
- □ Roped-Hydraulic
- □ Hydraulic
- □ Other (specify): __________

### Part E: Equipment Data

1. Capacity _______ Lbs.

   Net Inside Platform Area _______ Ft. & In.

2. Car Speed (Up) _______ Ft/Min.

   Car Speed (Down) _______ Ft/Min.

3. Travel _______ Ft. & In.

   No. of Stops _______

4. No. of Openings _______

   Floor designations __________

### Part F: Description of Hoistway

1. Hoistway is: □ New □ Existing

   Building is: □ New □ Existing

2. If new hoistway, is this in an addition to an existing building? □ Yes □ No

3. Is hoistway in a new, free-standing building? □ Yes □ No

4. Describe construction of hoistway and its fire-rating:

   __________

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**FOR L&I USE ONLY**

<table>
<thead>
<tr>
<th>Check Number:</th>
<th>Amount:</th>
<th>Bates Number:</th>
</tr>
</thead>
</table>
### Part G: Description of Lifting Device(s)

1. Do all elevator lifts comply with the accessibility requirements of the UCC? [ ] Yes  [ ] No
2. Does the construction of the car/platform meet the fire/flame-spread rating requirements in the applicable ASME code? [ ] Yes  [ ] No
3. Number and Size of Hoist Cables/Chains: _______ Safety Factor: _______
4. Is hoistway door interlock certified/listed and labeled per §2.12.4.3?  [ ] Yes  [ ] No  If “no,” explain: ____________________________________________________________
6. Is refuge space atop car a min. of 5.49 sq. ft., with no side less than 24 in.?  [ ] Yes  [ ] No
7. Is refuge space below car a min. of 24x48x24 in. or 18x35x42 in.?  [ ] Yes  [ ] No
10. Type of Buffers:  [ ] Spring  [ ] Oil  [ ] Reduced Stroke Oil  [ ] Other: ________________
12. Are hoistway doors “B”-labeled fire-rated doors?  [ ] Yes  [ ] No
13. Number of Door Openings:  [ ] One (1)  [ ] Two (2)
14. Manufacturer/ Type/ PA Approved Model & Certificate # of Platform/Counterweight Safety:
15. Type of Speed Governor: ________________  Type of Brake: ________________
16. Is slack-cable/chain device provided?  [ ] Yes  [ ] No
17. Line Voltage: _______ volts  Three-phase?  [ ] Yes  [ ] No

### Part H: Additional Information

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

### Part I: Building Contractor

<table>
<thead>
<tr>
<th>Name</th>
<th>____________________________</th>
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</thead>
<tbody>
<tr>
<td>Street Address</td>
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<tr>
<td>State</td>
<td>____________________________</td>
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<tr>
<td>Zip Code</td>
<td>____________________________</td>
</tr>
<tr>
<td>Phone Number</td>
<td>(____) _____ - ____________</td>
</tr>
</tbody>
</table>

### Part J: Elevator Contractor

<table>
<thead>
<tr>
<th>Name</th>
<th>____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
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<tr>
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</tr>
<tr>
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<td>____________________________</td>
</tr>
<tr>
<td>Phone Number</td>
<td>(____) _____ - ____________</td>
</tr>
</tbody>
</table>

### Part K: Recipient of Approved Application

| Contact Person        | ____________________________ |
| Company Name          | ____________________________ |
| Street Address        | ____________________________ |
| City                  | ____________________________ |
| State                 | ____________________________ |
| Zip Code              | ____________________________ |
| Phone Number          | (____) _____ - ____________  |  E-mail: __________________________ |
### 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**:  

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### 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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### FOR L&I USE ONLY

**Approved by**: ____________________________________________

**Date**:                 _______________________

**Applicable standards**: ____________________________________________