

File #: \_\_\_\_\_  
 Permit #s: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ELPA**

Uniform Construction Code (UCC)

# APPLICATION FOR ALTERATION PERMIT: LIFTING DEVICES

All of the information on this form must be supplied before a permit will be issued for the alteration and major repair of any elevator, escalator, moving walk or wheelchair lift. (It may not be used for replacement of an existing elevator.) This application may be for the alteration/repair of as many as four identical lifting devices, as long as all of the equipment is within the same hoistway and machinery space.

<b>Part A: Certificate of Operation Numbers</b>	Building Code (MD) Number: _____ Responsible Party Number: _____ State-Assigned Equipment Numbers: _____																																										
<b>Part B: Owner Information</b>	Owner Name _____ Street Address _____ City _____ State _____ Zip Code _____ Phone Number (____) _____ - _____																																										
<b>Part C: Building Information</b>	Building Name _____ Street Name and # _____ City _____ State _____ Zip Code _____ Political Subdivision _____ County _____ Use/occupancy of this building: _____ Does building have a basement: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of stories: _____																																										
<b>Part D: Elevator Type(s)</b>	<input type="checkbox"/> Passenger <input type="checkbox"/> Passenger/Freight <input type="checkbox"/> Freight with class loading: <input type="checkbox"/> A or <input type="checkbox"/> B or <input type="checkbox"/> C: 1 2 3 <input type="checkbox"/> Dumbwaiter <input type="checkbox"/> LULA <input type="checkbox"/> VRC <input type="checkbox"/> Other (specify): _____																																										
<b>Part E: Equipment Type(s)</b>	<input type="checkbox"/> Geared <input type="checkbox"/> Gearless <input type="checkbox"/> Hydraulic <input type="checkbox"/> Roped-Hydraulic <input type="checkbox"/> Other (specify): _____																																										
<b>Part F: Equipment Data</b>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align:center">Original</th> <th style="text-align:center">New</th> <th></th> <th style="text-align:center">Original</th> <th style="text-align:center">New</th> </tr> </thead> <tbody> <tr> <td>1. Capacity</td> <td>_____</td> <td>_____</td> <td>Net Inside Platform Area</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2. Car Speed (Up)</td> <td>_____</td> <td>_____</td> <td>Car Speed (Down)</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3. Travel</td> <td>_____</td> <td>_____</td> <td>No. of Stops</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>4. No. of Openings</td> <td>_____</td> <td>_____</td> <td>Platform Size</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>5. Gross Weight</td> <td>_____</td> <td>_____</td> <td></td> <td></td> <td></td> </tr> <tr> <td>6. Floor Designations</td> <td colspan="5">_____</td> </tr> </tbody> </table> <p>Note: If a new cab or cab interior is to be provided, you must state both the original and new data.</p> <p>If the capacity, overall car weight or the speed is increased, and if this lift requires a safety, provide the following for this safety:        Make: _____ Model: _____ State Certificate No.: _____</p>		Original	New		Original	New	1. Capacity	_____	_____	Net Inside Platform Area	_____	_____	2. Car Speed (Up)	_____	_____	Car Speed (Down)	_____	_____	3. Travel	_____	_____	No. of Stops	_____	_____	4. No. of Openings	_____	_____	Platform Size	_____	_____	5. Gross Weight	_____	_____				6. Floor Designations	_____				
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FOR L&I USE ONLY	Check Number: _____ Amount: _____ Bates Number: _____																																										

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**Part G: Description of Lifting Devices**

1. Top Car Clearance: \_\_\_\_\_ in. Top CWT Clearance: \_\_\_\_\_ in. Bottom Car Clearance: \_\_\_\_\_ in.
2. Refuge Space: Top: \_\_\_\_\_ inches Bottom: \_\_\_\_\_ inches
3. Bottom Car Runby: \_\_\_\_\_ inches Top Car Runby: \_\_\_\_\_ inches
4. Bottom Counterweight Runby: \_\_\_\_\_ inches
5. Number and Size of Hoist Cables/Chains: \_\_\_\_\_ Safety Factor: \_\_\_\_\_
6. Is hoistway door interlock certified/listed and labeled per §2.124.3?  Yes  No If "no," explain: \_\_\_\_\_
7. Does this alteration also require a Building Permit approval (per §8.6.3 or 8.7)?  Yes  No  NA
8. Does the Building Permit include the lifting devices listed on this permit application?  Yes  No  NA
9. If you answered "Yes" to either of the preceding questions, you must supply the building approval information requested in Section L.
10. Line voltage: \_\_\_\_\_ volts Is it three-phased?  Yes  No

**Part H: Scope of Alterations or Repairs**

Provide a complete description of the work covered by this application, citing the sections of the ASME standard applicable to the particular lifting device(s). Attach an additional sheet of paper to this application if required to describe fully the work you are proposing.

Code §§	Description of Alteration or Repair

Do all the listed replacement components comply with §8.6.3.7?  Yes  No

**Part I: Building Contractor**

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Part J: Elevator Contractor**

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Part K: Recipient of Approved Application**

Contact Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

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 \_\_\_\_\_

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<p><b>Part L: Building Approval</b></p>	<p>If a building plan review and approval was required to complete any of the work listed on this application, 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).</p> <p>Building Name _____        Address _____        _____        _____</p> <p><b>If approval granted by Department of Labor &amp; Industry :</b>        Drawing Index/UCC Permit Number: _____        File Number: _____        Date of Approval: _____        Code Approved Under: _____</p> <p><b>If approval granted by a municipality (or a third party agency on behalf of municipality):</b>        Name of Municipality: _____        Type (check one): <input type="checkbox"/> Borough <input type="checkbox"/> City <input type="checkbox"/> Township        Permit Number: _____        Date of Approval: _____        Code Approved under: _____        Name of Building Code Official: _____        Phone Number: _____ - _____ - _____</p> <p>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.</p> <p>Name of design professional: _____        Signature of design professional: _____</p> <p>Seal of design professional: <span style="float: right; font-size: 2em; color: gray;">SEAL</span></p>
<p><b>Applicant Signature</b></p>	<p>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.</p> <p><b>Name (printed):</b> _____  <b>Name (signed):</b> _____  <b>Date:</b> _____</p>
<p>FOR L&amp;I USE ONLY</p>	<p>Approved by: _____ Date: _____        Applicable standards: _____</p>