

File #:	_____
Permit #s:	_____
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	_____
	_____

**ELP**

Uniform Construction Code (UCC)

## APPLICATION FOR CONSTRUCTION PERMIT: ESCALATOR OR MOVING WALK

All of the information on this form must be supplied before a permit will be issued for the construction of any escalator or moving walk. This application may be used for as many as four identical, new escalators or moving walks, as long as all of the units are immediately adjacent to each other.

<b>Part A: Owner Information</b>	Owner Name _____ Street Address _____ City _____ State _____ Zip Code _____ Phone Number (____) ____ - _____
<b>Part B: Building Information</b>	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: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of stories: _____ 4. Is there any lifting equipment already in this building? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," supply the file number from the Certificate of Operation: _____ 5. Is this new equipment replacing an existing lift? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," provide the following: File Number _____ Equipment Number _____
<b>Part C: Type of Device</b>	<input type="checkbox"/> Escalator <input type="checkbox"/> Moving Walk <input type="checkbox"/> Other (specify): _____
<b>Part D: Type of Drive</b>	<input type="checkbox"/> Chain <input type="checkbox"/> Other (specify): _____
FOR L&I USE ONLY	Check Number: _____ Amount: _____ Bates Number: _____

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<b>Part E: Description of Escalator or Moving Walk</b>	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? <input type="checkbox"/> Breakaway <input type="checkbox"/> Dynamic c. At what location is the required brake torque to be taken? <input type="checkbox"/> Motor shaft <input type="checkbox"/> Machine input shaft <input type="checkbox"/> Main drive shaft d. What is the minimum stopping distance with no load? _____ (inches) e. What is minimum distance from the skirt obstruction device to combplate? _____ (in) 8. Is a speed governor provided? <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable Note: Check "Not Applicable" only if alternating current, a squirrel cage and induction motor are used, and the motor is directly connected to the driving machine. 9. Are skirt deflector devices installed? <input type="checkbox"/> Yes <input type="checkbox"/> No 10. What is the minimum headroom between landings? _____ (feet and inches) 11. Is this an outdoor unit? <input type="checkbox"/> Yes <input type="checkbox"/> No 12. If this is an outdoor unit: a. Is it of special design to withstand exposure to weather? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Is a cover provided? <input type="checkbox"/> Yes <input type="checkbox"/> No c. Are heaters provided? <input type="checkbox"/> Yes <input type="checkbox"/> No d. Are drains provided in lower pit? <input type="checkbox"/> Yes <input type="checkbox"/> No e. Are slip-resistant landing plates and combplates provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Part F: Additional Information</b>	_____ _____ _____
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<b>Part G: Building Contractor</b>	Name _____ Street Address _____ City _____ State _____ Zip Code _____ Phone Number (____) ____ - _____
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<b>Part H: Elevator Contractor</b>	Name _____ Street Address _____ City _____ State _____ Zip Code _____ Phone Number (____) ____ - _____
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<b>Part I: Recipient of Approved Application</b>	Name _____ Company Name _____ Street Address _____ City _____ State _____ Zip Code _____ Phone Number (____) ____ - _____ E-mail _____
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<p><b>Part J: Building Approval</b></p>	<p>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; opacity: 0.5;">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>