



# ELEVATOR SUBCODE TECHNICAL SECTION



**A. IDENTIFICATION-APPLICANT:** COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_  
Work Site Location \_\_\_\_\_

Owner in Fee: \_\_\_\_\_  
Tel. ( \_\_\_\_\_ ) e-mail \_\_\_\_\_

Address \_\_\_\_\_ street \_\_\_\_\_ municipality \_\_\_\_\_ zip code \_\_\_\_\_  
Contractor/Installer: \_\_\_\_\_ Tel. ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ e-mail \_\_\_\_\_  
License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):  
Federal Emp. ID No. \_\_\_\_\_ FAX: ( \_\_\_\_\_ ) \_\_\_\_\_

Maintenance/Service Contractor: \_\_\_\_\_ Tel. ( \_\_\_\_\_ )  
Address \_\_\_\_\_ e-mail \_\_\_\_\_  
License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

## B. ELEVATOR CHARACTERISTICS

Building Use Group \_\_\_\_\_ Building Registration No. \_\_\_\_\_

Manufacturer \_\_\_\_\_ Device I.D. \_\_\_\_\_

Machine Room Location \_\_\_\_\_

No. of Stops \_\_\_\_\_ No of Openings \_\_\_\_\_

Travel (ft.) \_\_\_\_\_ Speed (f.p.m.) \_\_\_\_\_

Type of Control \_\_\_\_\_ Type of Operation \_\_\_\_\_

Passenger \_\_\_\_\_ Freight \_\_\_\_\_

Capacity (lbs.) \_\_\_\_\_

Year of Installation \_\_\_\_\_ Year of Alteration \_\_\_\_\_

**Estimated Cost of Elevator Work \$**

## JOB SUMMARY (Office Use Only)

### PLAN REVIEW

- No Plans Required
- Building Plans and Elevator Specs.

Date: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

- Elevator Layout Drawings

Date: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

Joint Plan Review Required:

- Bldg.  Elec.  Plumb.  Fire

Date: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

## SUBCODE APPROVAL for PERMIT

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

Released by: \_\_\_\_\_

INSPECTIONS	Dates (Month/Day)				
	Type:	Failure	Failure	Approval	Initial
Temporary					
Final					

## SUBCODE APPROVAL for CERTIFICATE

CO  CA

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

Released by: \_\_\_\_\_

Date Received

Control #

Date Issued

Permit #

## C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here: \_\_\_\_\_

Print name here: \_\_\_\_\_

## D. TECHNICAL SITE DATA

### DESCRIPTION OF WORK:

QTY.	ITEM	FEE (Office Use Only)
	Traction or Winding Drum	\$ _____
	1 to 10 Floors	_____
	Over 10 Floors	_____
	Hydraulic	_____
	Roped Hydraulic	_____
	Escalator/ Moving Walk	_____
	Dumbwaiter	_____
	Stairway Chairlift, Inclined and Vertical	_____
	Wheelchair Lifts and Man Lifts	_____
	Oil Buffers	_____
	Counterweight Governor and Safeties	_____
	Auxiliary Power Generator	_____
	Alterations	_____
	Other _____	_____
	Other _____	_____

Administrative Surcharge \$ \_\_\_\_\_

State Permit Surcharge Fee \$ \_\_\_\_\_

**TOTAL FEE \$** \_\_\_\_\_

U.C.C. F150  
(rev. 12/25)

1 White = Inspector Copy  
3 Pink = Office Copy

2 Canary = Office Copy  
4 Gold = Applicant Copy