



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

Type:

Failure

Dates (Month/Day)

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
____ 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 _____

FEE (Office Use Only)

\$ _____

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