



State of New Jersey
 DEPARTMENT OF COMMUNITY AFFAIRS
 101 SOUTH BROAD STREET
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 TRENTON, NJ 08625-0816

PHILIP D. MURPHY
Governor

LT. GOVERNOR SHEILA Y. OLIVER
Commissioner

REQUEST FOR FINAL ACCEPTANCE INSPECTION

Date: _____

Person/Elevator Company Requesting Inspection: _____

Phone Number: _____

Project Name (Work Site Location)

Address: _____ Municipality: _____

*ESU Control Number: _____

(ESU Control # is in top right corner of Elevator Subcode Technical Section. THIS IS NOT THE PERMIT NUMBER.)

*Local Municipality Elevator Permit Update Number: _____

For **new construction** a copy of the permit issued by the Local Construction Official is required to perform an elevator inspection. This does not include Alterations/Minor Work.

Type of Work

New Construction	Existing Building
Addition	Alteration
Other	Minor Work

Type of Elevator Device

Number of Devices

Hydraulic	Chair Lift
Traction	Platform Lift
Dumbwaiter	Roped Hydraulic
Escalator	Other

Do you have a Building Elevator Subcode Plan Review Release and a Layout release? _____

For the Final Acceptance Inspection to be scheduled is the
 Elevator Work Completed: _____ Building Work Completed: _____

*CONTROL # AND COPY OF UPDATED PERMIT ARE REQUIRED IN ORDER TO SCHEDULE AN ACCEPTANCE INSPECTION. APPROVED LAYOUT DRAWING (S) AND TECHNICAL SECTION MUST BE ON JOB SITE.

