



State of New Jersey

DEPARTMENT OF COMMUNITY AFFAIRS

101 SOUTH BROAD STREET

PO BOX 816

TRENTON, NJ 08625-0816

PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lieutenant Governor

JACQUELYN A. SUÁREZ
Commissioner

Notice to Take Elevator Device Out of Service

Date: _____

Property Name and Address: _____

Block: _____ Lot: _____ Registration #: _____

Device ID #: _____

Dear Construction Official:

The owner/applicant has informed this office of their intention to place an elevator device out of service at the above referenced property. An elevator device **may not** be placed out of service when:

1. The removal of an elevator device will violate condition of the certificate of occupancy/approval as required by the regulations.
2. The elevator is required according to the code in effect at the time of construction therefore the elevator must be maintained by the owner.

An elevator device **may be placed** out of service when the building is vacant or when the above conditions do not exist.

However, the work to place an elevator out of service requires a minor work permit and an inspection to confirm the elevator device has been properly taken "out of service" according to code. [(ASME Rule 1000.3) (NJAC 5:23-12.3(a)4)]

The Construction Official may waive the minor work permit and inspection requirements to place the elevator device out of service but, must certify in writing to this office, that the building is secure and the elevator device does not pose a hazard to the safety, health, and welfare of the public.

Before an elevator device may be placed back in service a permit is required and an acceptance test and inspection must be performed.

Upon receipt of this Notice please review your files and complete the statement below to confirm approval or disapproval and return to this office within 15 calendar days.

Should this office not receive a response within 15 calendar days this office shall deem this a denial to take the referenced elevator device out of service.

If you have any questions or require any additional information, please email elevatorsafetyunit@dca.nj.gov or call (609) 984-7833.

**Statement
Take Elevator Device Out of Service**

Property Name and Address: _____

Block: _____ Lot: _____ Registration #: _____

Device ID #: _____

___ I agree to allow the subject elevator device to be taken out of service per code at the above listed property.

___ I do not agree to allow the subject elevator device to be taken out of service per code at the above listed property.

___ I certify that the above referenced building is secure and the elevator device does not pose a hazard to the safety, health, and welfare of the public. Also, I agree to waive the out of service minor work permit and inspection.

Construction Official Name: _____

Construction Official Signature: _____

Date: _____

cc: applicant