



# 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 \_\_\_\_\_ Failure \_\_\_\_\_ Approval \_\_\_\_\_ Initial \_\_\_\_\_

Temporary \_\_\_\_\_

Final \_\_\_\_\_

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CA

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

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

Dates (Month/Day)

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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)

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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