



NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
 DIVISION OF CODES AND STANDARDS
 OFFICE OF STATE AND LOCAL CODE INSPECTIONS
 ELEVATOR SAFETY UNIT

DATE ISSUED:

BUILDING NAME AND ADDRESS:

OWNER NAME AND ADDRESS:

APPLICATION #:

*PRINT or TYPE all information. Application is due 30 days after receipt.
 Please see attached for instructions and payment information.*

SECTION I BUILDING INFORMATION

PAYMENT AMOUNT ENCLOSED: \$ _____
 (INVOICE WILL BE MAILED AFTER REGISTRATION IS COMPLETE)

Building Name: _____

Building Street Number: _____ Building Street Name: _____

Building Municipality: _____

County: _____

Lot: _____ Block: _____ Use Group: _____ (see instructions)

SECTION II: OWNER INFORMATION

<p>CORPORATION ONLY: NJ CORPORATE REGISTRATION NUMBER: _____</p>

Owners Name (1): _____

Owners Name (2): _____

Owners Street Address: _____

Owners City: _____ State: _____ Zip-Code: _____ - _____

Owners Phone Number: _____ E-Mail: _____

Ownership Type: Corporate Individual/Sole Proprietorship Partnership

(Please Check) Government-Type _____ Other- explain _____

SECTION III: IN STATE AGENT (A New Jersey address is required)

Agent Name: _____

Mailing Street Address: _____

City: _____ State: _____ Zip-Code: _____ - _____

Phone Number: _____ E-Mail: _____

SECTION IV: DEVICE INFORMATION (This section must be completed for each different device being registered unless more than one identical device is being registered. At least one Elevator/Device or other Device must be specified)

- Type:**
- | | |
|---|---|
| <input type="checkbox"/> Traction Elevator | <input type="checkbox"/> Hydraulic Elevator |
| <input type="checkbox"/> Winding Drum | <input type="checkbox"/> Roped Hydraulic Elevator |
| <input type="checkbox"/> Escalator | <input type="checkbox"/> Moving Walk |
| <input type="checkbox"/> Vertical Platform Lift | <input type="checkbox"/> Inclined Platform Lift |
| <input type="checkbox"/> Chair Lift | <input type="checkbox"/> Dumbwaiter |
| <input type="checkbox"/> Man Lift | <input type="checkbox"/> Rack & Pinion |
| <input type="checkbox"/> Screw Column | |

Is the elevator equipped with: (check those applicable)

- Oil Buffers—If so, how many? ____
 Counterweight Governor, Safeties
 Auxiliary Generator

- Classification:**
- | | |
|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Lula | <input type="checkbox"/> Sidewalk |
| <input type="checkbox"/> Special | <input type="checkbox"/> Inclined |
| <input type="checkbox"/> Rooftop | |

Manufacturer: _____ Model: _____

Floors: _____ Number of Stories Served: _____ Rated Speed (feet per minute): _____

Rated Load (In Pound): _____ Distance in Travel _____ Date Installed: _____

Date Last Inspected: _____ Number of Identical Devices in Building: _____

Maintenance Company: _____

Address: _____

Phone No.: _____

ELEVATOR SAFETY UNIT TRANSFER OF OWNER INSTRUCTIONS:

Complete the enclosed application and return within 30 days to: **Department of Community Affairs
Elevator Safety Unit
P O Box 816
Trenton NJ 08625**

You are required to pay a registration fee of \$76.00 per device. You may enclose payment with your application. Make check or money order payable to *Treasurer State of New Jersey*. **DO NOT SEND CASH.** Please record on the front of application form the payment amount enclosed. If payment is not enclosed you will be billed later.

Section 1: Building information – If the building name and address printed on the upper right corner of application form are incorrect please correct in the space provided. **If the building referenced on this form is one of a project, a separate form must be filed for each building within the project.** The space entitled building name should be used to provide a reference. Even if the building has no official name, it may be commonly referred to in some fashion; please indicate either here. If the building is one in a project where individual buildings are identified by either a letters or numbers, use this space to indicate that letter or number (i.e. bldg 1, bldg D). **In the space entitled Building Street Number and Street Name please do not fill in PO Box or RD number but rather the actual location of the building.** In addition, please fill in the municipality and county to which taxes are paid, the lot and block number and the use group classification of the structure for which this form is being submitted. A listing of all use group classifications is provided below for your convenience.

USE GROUP CLASSIFICATIONS

A1 Assembly- Theater with stage	F-2 Factory & Industrial- Low Hazard	R-1 Residential (less than 30 days)
A-2 Assembly- Theater without stage	H -1 High Hazard- Detonation	Hotels, Motels, Boarding Homes
Night Club, Dance Hall	H-2 High Hazard – Deflagration	R-2 Residential (more than 29 days)-
A-3 Assembly- Museum, Library	H-3 High Hazard – Combustion, Physical	Multi Family Dwellings, Dormitories
Restaurant, Lecture Hall	H-4 High Hazard – Health	R-3 Residential- 1 & 2 family units
A-4 Assembly- Religious, Church	I-1 Institutional (Residential Care)	5 lodgers or less each
A-5 Assembly- Outdoor, Grandstand, Tent Stadium, Coliseum	Supervised residential home for 6+	R-4 Residential- Detached 1 & 2 family Units, up to 3 stories
B – Business use	I-2 Institutional (Incapacitated)- Medical Nursing Care	S-1 Storage- Moderate Hazard
E – Educational/Day Care	I-3 Institutional (Restrained) – Jail,	S-2 Storage- Low Hazard
F-1 – Factory & Industrial- Moderate Hazard	Asylum, Reformatory	U Utility- Accessory buildings
	M – Mercantile building	Miscellaneous structures

Section II: Owner Information – If the owner name, as defined in Section 4 of Subchapter 1 of the Uniform Construction Code, and the owner address printed in the upper left hand corner of the application form is incorrect, please correct in the space provided. If the owner is a corporation, state the corporate name in the space provided for *Owner Name (1)* and the name of the person or department to which future correspondence should be directed in the space provide for *Owner Name (2)*: . In addition, please complete the owner telephone number and indicate ownership type. If the ownership is *Government*, please fill in type of government (i.e. Local, County, State or Federal,) in the space provided. **OWNERS INFORMATION MUST BE A NEW JERSEY MAILING ADDRESS**

Section III: Contact Information - Please enter the name, address and telephone number of the person or firm responsible for the maintenance of the building. Such person or firm should have access to the building for future scheduling of periodic inspections.

If you should have any questions or need assistant in completing this application, please contact the Elevator Safety Unit at (609) 984-7833.

Once form is completed you can fax it to 609-984-7084 or email it to elevatorsafetyunit@dca.nj.gov



State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS
101 SOUTH BROAD STREET
PO Box 816
TRENTON, NJ 08625-0816

PHILIP D. MURPHY
Governor

LT. GOVERNOR SHEILA Y. OLIVER
Commissioner

Dear Sir/Madam:

Per changes to 5:23-12.4, which was adopted on 7/19/04, all devices that are registered in the state of New Jersey ***MUST HAVE AN OWNER OR OWNER REPRESENTATIVE RESIDING OR HAVE AN OFFICE IN THE STATE OF NEW JERSEY TO ACCEPT SERVICE.***

It is the responsibility of the owner to notify the Department of any changes to the identity, mailing address or phone number of the owner or representative. ***ANY CHANGE SHALL BE REPORTED TO THE DEPARTMENT IN WRITING WITHIN 30 DAYS OF THE CHANGE.***

Any questions you can contact this office at 609-984-7833.