NJ DCA/ELEVATORSAFETY UNIT Seasonal Facility

Regis	stration #:	
Prope	erty Street: City:	
Owne	er Name:	
Owne	er Street: City:	
Devic	ce Numbers: Date of last Inspection	າ:
Month	h and day facility opens	
Month	h and day facility closes:	_
By sig correc	gning this application, I agree to the following statements ct:	and state that the above information is
-	That the total number of consecutive calendar days per c, employees, maintenance personnel or occupants does ng is then closed for such use for at least 181 consecutiv	not exceed 184 days and that the
2. emplo closed	That the elevator devices in the building are not access byees, maintenance personnel or building occupants durd.	•
_	That the disconnects located in elevator device maching the time in which the building is closed, in the "off" posits secured.	•
	The seasonal facility classification shall become invalid ification are no longer met. The owner shall immediately ge in the conditions upon which the approval of classifications.	notify the enforcing agency of any
5. becon	Classification of a building as a seasonal facility shall nes invalid as a result of a violation of any conditions of	
6. 5:23-1	All test and inspection fees are per 5:23-12.6 and all ins	spections in seasonal facilities are per
Date	e: Owner:	

Please return this application to the Elevator Safety Unit, PO Box 816, Trenton, NJ 08625. If you have any questions, please contact us at (609) 984-7833; or by email at: ElevatorSafetyUnit@dca.nj.gov.