

Iowa Division of Labor
 Elevator Safety
 1000 East Grand Avenue
 Des Moines, IA 50319-0209
 Phone: (515)281-5415
 Fax: (515)242-5076

APPLICATION FOR INSTALLATION OR ALTERATION PERMIT

FOR OFFICE USE ONLY	
Date Received: _____	
Approved _____	Denied _____
Date: _____	By: _____
Permit #: _____	
Comments: _____	

INSTRUCTIONS

Please type or print clearly. No installation or alteration shall begin until a permit has been issued. Submit a separate form for each conveyance. Submit a complete application package in order to prevent delays. Alterations require drawings and specifications for all planned changes. New installations require three copies of the project details set forth in 875 IAC 71.5.

Alteration of a group of elevators may require one or more controller upgrade permits as set forth in 875 IAC 71.8. Submit an additional \$250.00 for each controller upgrade permit.

FEE SCHEDULE:

Traction Elevator Installation: \$1,000.00	Hydraulic Elevator Installation: \$750.00	Elevator Alteration: \$500
Escalator Installation: \$1,000.00	Escalator Skirt Brush Alteration: \$500.00	Other Escalator Alteration: \$1,000.00
Wheelchair Lift Installation: \$500.00	Wheelchair Lift Alteration: \$500.00	Dumbwaiter Installation: \$500.00
Dumbwaiter Alteration: \$500.00	Print Revision: \$100.00	Permit Extension: \$100.00

Application Type New Installation Complete Replacement of Existing Equipment Alteration

Owner			Phone		
Address		City		State	Zip
Conveyance Address		City		County	Zip
Firm Performing Work		Contact		Email	
Address		City		State	Zip
Architectural Firm's Name		Contact		Email	
Address		City		State	Zip
Date Contract Signed		Owner ID			

Type of Equipment Elevator: Passenger Freight A Freight B Freight C1 Freight C2 Freight C3
 (Select One) Inclined Limited Use (LULA) Sidewalk Special Purpose Restricted

Other: (Select One) Dumbwaiter Material Lift Escalator Moving Walk Vertical Platform Lift Inclined Platform Lift

Type of Drive Unit: Cable Ball and Socket Chain (Electric) Chained Hydraulic Rack and Pinion Roped Hydraulic
 (Select One) Screw Traction (Cable) Winding Drum Other: _____

Number of Landings:	Number of Rear Openings:	Number of Front Openings:	Type of Hoistway Doors:		
Type of Car Doors:	State Tag Number: (if existing unit)		Rated Load:	Pounds	Rated Speed: Feet per Minute
Number of Ropes:	Size of Ropes:	Number of Chains:		Size of Chains:	
Alteration Code Year:	Installation Code Year:	Contractor Job Number:		Manufacturer:	

Hoistway, Machine Room and Pit

Buffer Type: Poly Spring	Oil Bumper	Machine Room Vent: Yes No	Pit Ladder: Yes No	Type Building Code: IBC UBC	Sump Pump: Yes No	Hoistway Vent: Yes No
Guide Rail Type: Tee	Formed	Angle	Omega	U-Channel	Pipe	Other: _____
Buffer Stroke: _____ Inches	Fire Rating of Building: None	1 Hour	2 Hour	Guide Rail Sizes: _____ Car	_____ Counterweight	
Type of Operation: Automatic	Manual	Continuous Pressure	Type of Emergency Communication in Car: Phone	Intercom		
Type of Hoistway Construction: Concrete	Sheetrock	Glass	Other: _____	Type of Machine Room Construction: Concrete	Sheetrock	Other: _____

Machine

Machine Type: Single Wrap	Double Wrap	Type Rope Fastenings: Babbit	Wedge	Rope Construction: _____ X _____	Rope Material: Steel	Other: _____
Geared Traction	Gearless Traction					
Machine Location: Basement	Overhead	Type of Oil Return to Storage Tank: Gravity Flow	Direct Pressure	Scavenger Pump		
Drive Sheave or Drum Size: _____ Inches	Deflection Sheave Size: _____ Inches	Car Weight: _____ Pounds	Counter Weight: _____ Pounds			
Brake Type: Disc	Drum	Hydraulic Control Valve Manufacturer: _____	Model Number: _____			

Electrical

Horsepower: _____	Volts (Main) : _____	Phase: _____	Volts (Battery if Applicable) : _____
Battery Emergency Lowering Only: Yes No	Power from More than 1 Source: Yes No	Emergency Stand-by Power: Yes No	

Safety Device

Safety Device Type: A B C Other: _____	Speed Governor Type: Centrifugal	Fly-Ball	Friction	Other: _____
Car Safety Switch: Yes No	Slack Rope Switch: Yes No	Compensating Ropes: Yes No		
Counterweight Safeties: Yes No	Ascending Car Overspeed and Unintended Car Movement Protection: Yes No			
Size of Governor Rope: _____	Governor Manufacturer: _____	Governor Model Number: _____		
Type of Governor Rope: _____	Safety Manufacturer: _____	Safety Model Number: _____		

Fire Fighters' Service and Fire Safety

Fire Fighter' Service: None	Phase I	Phase II	Location of Remote Recall Key Switches: _____	Designated Evacuation Level: _____
Machine Room Sprinklers: Yes No			Top of Hoistway Sprinklers: Yes No	Pit Sprinklers: Yes No

I certify that all information is correct

Printed Name of Applicant: _____	Signature: _____	Date: _____
Title: _____	Phone: _____	Email: _____

To be Completed by the State Inspector at the Time of Inspection

Car Top Refuge: _____ Inches	Car Top Runby: _____ Inches	Counterweight Top Runby: _____ Inches	Car Bottom Runby: _____ Inches	Pit Depth: _____ Inches
Pit Refuge: _____ Inches	Counterweight Bottom Runby: _____ Inches	Loaded Speed Down: _____ FPM	Loaded Speed Up: _____ FPM	
Uploaded Speed Up: _____ FPM	Uploaded Speed Down: _____ FPM	Inspector's Signature _____	Date _____	