



ELV1: Elevator Application

Please file three (3) copies
Application must be typewritten

Application Number:
Filing Rep. Name:
Filing Rep. Lic.:
Filing Rep. Email:

1 Filing Status
<input type="checkbox"/> New Installation <input type="checkbox"/> Alteration / Replacement <input type="checkbox"/> Dismantle <input type="checkbox"/> Remove <input type="checkbox"/> Permit Renewal <input type="checkbox"/> Permit Reinstatement <input type="checkbox"/> Permit Withdrawal Permit Number: _____
Building Code _____

2 Location Information
Borough _____ Block _____ Lot _____
BIN _____
Address _____
City _____ State _____ Zip _____
Occupancy Group _____

3 Applicant Information
Elevator Agency Name _____
Agency (Co) Director's Name _____
License Number _____
Address: _____
City _____ State _____ Zip _____
Email _____
Phone _____

4 Owner Information
Name _____
Title _____
Business Name _____
Address _____
City _____ State _____ Zip _____
Email _____
Phone _____

5 Device Information					
Num	Elevator Plan Numbers	NYC Device ID	Num	Elevator Plan Numbers	NYC Device ID
1			4		
2			5		
3			6		

Device Type: Elevator Pass Wheelchair Lift Personnel Hoist Escalator
 Freight Conveyor Sidewalk Moving Walk
 Pvt. Res. Dumbwaiter Other _____

Is this:	Yes	No
The only elevator in the building?	<input type="checkbox"/>	<input type="checkbox"/>
Elevator part of Destination Dispatch System?	<input type="checkbox"/>	<input type="checkbox"/>
An Occupation Evacuation Elevator?	<input type="checkbox"/>	<input type="checkbox"/>
A Fire Service Access Elevator?	<input type="checkbox"/>	<input type="checkbox"/>
Building meets the stretcher car requirement?	<input type="checkbox"/>	<input type="checkbox"/>

Is this:	Yes	No
Device used in conjunction with an MTA Station?	<input type="checkbox"/>	<input type="checkbox"/>
Device conforming with Seismic Compliance?	<input type="checkbox"/>	<input type="checkbox"/>
Device installed in a New Hoist way?	<input type="checkbox"/>	<input type="checkbox"/>
Device meeting NYC Handicap Provisions?	<input type="checkbox"/>	<input type="checkbox"/>
Device equipped with Fire Emergency Phase I & II?	<input type="checkbox"/>	<input type="checkbox"/>
Device part of an accessible route?	<input type="checkbox"/>	<input type="checkbox"/>

6 Machine and Machine Room	<input type="checkbox"/> NA
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Location of Machine: _____	Manufacturer: _____
Machine Type: <input type="checkbox"/> OH Worm Gear Traction <input type="checkbox"/> Basement Worm Gear <input type="checkbox"/> Traction Gearless <input type="checkbox"/> Drum <input type="checkbox"/> Oil Hydraulic <input type="checkbox"/> Roped Hydraulic <input type="checkbox"/> MRL <input type="checkbox"/> Other	
	Quantity Size Ultimate Strength Material
Hoist Ropes	<input type="checkbox"/> Iron <input type="checkbox"/> Steel <input type="checkbox"/> Belt
Car Counterweight Ropes	<input type="checkbox"/> Iron <input type="checkbox"/> Steel <input type="checkbox"/> Belt
Machine Counterweight Ropes	<input type="checkbox"/> Iron <input type="checkbox"/> Steel <input type="checkbox"/> Belt
Car Governor Ropes	<input type="checkbox"/> Iron <input type="checkbox"/> Steel <input type="checkbox"/> Belt
CWT Governor Ropes	<input type="checkbox"/> Iron <input type="checkbox"/> Steel <input type="checkbox"/> Belt
<input type="checkbox"/> Car Governor Location: _____ Tripping Speed _____ F.P.M. Type <input type="checkbox"/> Fly Ball <input type="checkbox"/> Centrifugal <input type="checkbox"/> Tension	
<input type="checkbox"/> CWT Governor Location: _____ Tripping Speed _____ F.P.M. Type <input type="checkbox"/> Fly Ball <input type="checkbox"/> Centrifugal <input type="checkbox"/> Tension	

7 Location Information Please provide the same information as in section 2

Borough _____ Block _____ Lot _____ BIN _____

8 General Information NA

Types of Motive Power
 Elevator AC DC Main Supply AC DC
 Travel from Floor: _____ to floor: _____
 Total travel (ft): _____ Number of Stops: _____
 Capacity:(lbs) _____ Speed: (FPM) _____
 Elevator Control
 Resistance Multi-Voltage
 Generator Field Control Solid State
 Mode of Operation Automatic P.B. Constant Pressure
 Top Emergency Exit Min Area _____ sq.in Min Side _____ in
 Glass Car Glass Hoistway
 Atrium Elevator

9 Cars and Counterweight NA

Car Inside Dimensions: _____ feet _____ in by _____ feet _____ in
 Car Inside Area _____ Sq. feet: _____
 Car Safety Type:
 Instantaneous Flexible Guide Gradual WC
 Counterweight Safety Type:
 Instantaneous Flexible Guide Gradual WC
 Car Opening:
 Door Gate
 Operation:
 Manual Power
 Contact Type Manufacturer

10 Hoist way Opening NA

Door Gate
 1 1/2 Hr Fire Rated Construction Type
 Operation Manual Power
 Self Closing Facias
 Vision Panel with Grilles Vision Panel
 Interlocks Locks & Contacts
 Interlocks Type: _____ Manufacturer: _____
 Number of Openings:
 Front _____ Side _____
 Rear _____ Total: _____
 Self Closing Emergency Doors in Blind Hoist way
 Interlock in Blind Hoist way

11 Pit and Buffers NA

Car Buffer: _____ Reduced Stroke? Yes No
 Engagement Speed: _____ F.P.M. Stroke _____ feet _____ in
 Manufacturer: _____
 Type: _____ Spring Oil
 Counterweight Buffer: _____ Reduced Stroke? Yes No
 Engagement Speed: _____ F.P.M. Stroke _____ feet _____ in
 Manufacturer: _____
 Type: _____ Spring Oil
 Compensation Chain Length _____ ft.
 Compensation Rope Length _____ ft.
 Counterweight Screen Yes No
 Occupied Space Below Yes No

12 Personnel Hoist Information NA

Hoist car manufacturer _____
 Hoist Mast manufacturer _____
 Hoist Safety manufacturer _____
 Hoist car dimensions: _____
 Hoist car capacity _____
 Hoist Safety Capacity _____
 Hoist Safety Expiration Date _____
 Hoist Counterweighted Yes No
 Speed _____ Rise _____

13 Escalator Information NA

Escalator manufacturer _____
 Speed _____ Rise _____
 Width _____ Angle _____
 Capacity _____
 Number of flat steps _____
 Brake Torque _____
 Flame/Heat/Smoke protection provided? Yes No

14 Insurance Information

General Liability	Company	Expiration Date
Workers' Compensation	Certificate/Policy No.	Expiration Date
Disability	Certificate/Policy No.	Expiration Date

15 Location Information *Please provide the same information as in section 2*

Borough _____ Block _____ Lot _____ BIN _____

16 Description of Work: *For more space, please A11 Additional Information*

17 Statements and Signatures

Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

Replacement / Modification Statement

I am filing this Replacement/Modification Application for consideration under Operations Policy and Procedures Notice # 26/90. I certify that no electrical or mechanical tests need to be performed in conjunction with this work.

I have assumed responsibility for making inspections during the progress and upon completion of the indicated work. Upon completion I will file Form ELV3 to sign off on the completed work and to remove all applicable violations.

Applicant Name _____

Signature _____ Date _____

P.E. / R.A. Name (please print) _____

Signature _____ Date _____

P.E. / R.A. Seal *(apply seal, then sign and date over seal)*

18 Fee Information

Estimated Cost: \$ _____ Fee Exempt (Proof Required): New Building Application (Submit Permit)

Internal Use Only

Fee Estimator

Fee Due: \$ _____	Fee Estimator Name: _____
Civil Penalty (If Applicable) : \$ _____	Signature: _____ Date: _____
Total Fee Due: \$ _____	

Approvals

Examined and Recommended for Approval: _____	Approved: _____
Examiner Name: _____	Assistant Commissioner's Signature: _____
Signature: _____ Date: _____	