



ELV1: Elevator Application

Please file three (3) copies
Application must be typewritten

Application Number:
Filing Rep. Name:
Filing Rep. Reg.:
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 _____	Electrical Num: _____

2 Location Information

Borough: _____ Block _____ Lot _____

BIN: _____

Address _____

City _____ State: _____ Zip _____

Occupancy Group _____

3 Applicant Information

Business Name _____

Applicant 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:

<input type="checkbox"/> Elevator	<input type="checkbox"/> Pass	<input type="checkbox"/> Wheelchair Lift	<input type="checkbox"/> Personnel Hoist	<input type="checkbox"/> Escalator
<input type="checkbox"/> Freight	<input type="checkbox"/> Pvt. Res.	<input type="checkbox"/> Conveyor	<input type="checkbox"/> Sidewalk	<input type="checkbox"/> Moving Walk
<input type="checkbox"/> Dumbwaiter	<input type="checkbox"/> Other _____			

Is this:

The only elevator in the building?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Elevator part of Destination Dispatch System?	<input type="checkbox"/>	<input type="checkbox"/>
An Occupant 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:

Device used in conjunction with an MTA Station?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Device conforming with Seismic Compliance?	<input type="checkbox"/>	<input type="checkbox"/>
Device installed in a New Hoistway?	<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"/>

Type of Machine Brake Choose one Disc Drum Single Plunger Double Plunger

Emergency Brake Yes No

6 Machine and Machine Room Choose one N/A

Machine Type: OH Worm Gear Traction Basement Worm Gear Traction Gearless Drum

Oil Hydraulic Roped Hydraulic MRL Other: _____

Location of Machine: _____ Location of Controller: _____ Manufacturer: _____ Model: _____

	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

Car Governor Location: _____ Tripping Speed: _____ F.P.M. Type Fly Ball Centrifugal Tension

CWT Governor Location: _____ Tripping Speed: _____ F.P.M. Type Fly Ball Centrifugal 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 Regenerative Drive

9 Cars and Counterweight NA

Car Inside Dimensions feet in by feet in
 Car Inside Area: _____ Sq. feet
 Multi Compartment Elevator Yes No (if Yes, complete below)
 Compartment 1: _____
 Car Inside Dimensions: feet in by feet in
 Car Inside Area: _____ Sq. feet
 Compartment 2: _____
 Car Inside Dimensions: feet in by feet in
 Car Inside Area: _____ Sq. feet
 Car Safety Type: Other: _____
 Instantaneous Flexible Guide Gradual WC
 Counterweight Safety Type: Other: _____
 Instantaneous Flexible Guide Gradual WC
 Car Opening: Door Gate
 Operation: Manual Power
 Contact Type: _____ Manufacturer: _____
 Car to Counterweight Ratio ____ % N/A

10 Hoistway Opening NA

Door Gate Door Monitoring Circuits: Yes No
 1 1/2 Hr Fire Rated Construction Type
 Operation Manual Power
 Self Closing Fascia
 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 Hoistway
 Interlock in Blind Hoistway

11 Pit and Buffers NA

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

12 Personnel Hoist Information NA

Hoist car manufacturer _____
 Model # _____
 Hoist Mast manufacturer _____
 Hoist Safety manufacturer _____
 Hoist car dimensions _____
 Hoist capacity (lbs.) Car _____ Safety _____
 Hoist Safety Expiration Date: _____
 Hoist Counterweighted Yes No
 Speed (FPM) _____ Rise _____

13 Escalator/Moving Walk Information NA

Manufacturer _____
 Model # _____
 Speed _____ Rise _____
 Step Width _____ Angle _____
 Capacity _____
 Number of flat steps _____
 Brake Torque _____
 Flame/Heat/Smoke protection provided? Yes No

14 Insurance Information

General Liability: _____ Certificate/Policy No. _____ 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: _____	