

Elevator Installation Application

Department of Consumer and Business Services

Building Codes Division • Elevator Safety Program

1535 Edgewater St. NW, Salem, Oregon

Mailing address: P.O. Box 14470, Salem, OR 97309-0404

Phone: 503-373-1268 • Fax: 503-378-2322

Web: oregon.gov/bcd • Email: bcd.elevator@dcbs.oregon.gov

Mail application with payment to:

DCBS Fiscal Services

P.O. Box 14610

Salem, OR 97309-0445

Instructions: This application must be completed by an elevator contractor licensed in Oregon. Print or type, filling in all areas that apply to this installation. Equipment sold in Oregon must be listed by an approved testing lab or plans shall bear a registered professional engineer's stamp. Supporting documentation may be requested by BCD before approval of plans.

To calculate the *Installation permit fee* and *Operating permit fee*, refer to the fee schedule on Page 4.

No installation may begin until plans are approved. All work is subject to final inspection by this division. Post each installation permit in clear view in machine room.

APPLICANT CALCULATION

Contract valuation: _____

Installation permit fee: \$ _____ 70211/1195

Operating permit fee: _____

Subtotal: \$ _____

12% surcharge: (subtotal * 0.12) \$ _____ 70211/1291

Plan review fee: \$ **78** 70211/1212

GRAND TOTAL: \$ _____

SITE INFORMATION

Site name: _____

Address: _____

City/state/ZIP: _____

☐ New structure

☐ Existing structure

OWNER INFORMATION

Owner: _____

Address: _____

City/state/ZIP: _____

ELEVATOR CONTRACTOR INFORMATION

Elevator contractor: _____

Phone: _____

Address (street or P.O. Box): _____

Fax: _____

Email: _____

City: _____

State: _____

ZIP: _____

Contractor's license no.: _____

CCB no.: _____

Contact name: _____

Licensed supervisor/installer: _____

Supervisor's license no.: _____

Continued on next page

Secure fax for credit card payments:

503-947-2333

If paying by credit card, applicant must sign credit card information box.

Make check or money order payable to
Department of Consumer and Business Services.
Do **not** send cash.

☐ Visa ☐ MasterCard ☐ Discover Phone: _____

/

Credit card number

Expiration date

Name of cardholder as shown on credit card

\$

Cardholder signature

Amount

DCBS Fiscal use only:

EQUIPMENT DATA/TYPE/USE			
Equipment manuf.:	Controller model no.:	Controller certification:	
		Lab file or control no. (UL/CSA/ETL/MET):	
<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> COMMERCIAL INSTALLATION <input type="checkbox"/> PRIVATE RESIDENCE </div>			
Provide number of floors served by the equipment: _____			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Passenger (2, 3, & 8.4)</div> <div style="width: 50%;"><input type="checkbox"/> Rooftop elevator (5.6)</div> <div style="width: 50%;"><input type="checkbox"/> Screw column (4.2)</div> <div style="width: 50%;"><input type="checkbox"/> Dumbwaiter (7.1, 7.2, 7.3)</div> <div style="width: 50%;"><input type="checkbox"/> Residential (5.3-5.4)</div> <div style="width: 50%;"><input type="checkbox"/> Freight (Parts 2, 3, & 8.4)</div> <div style="width: 50%;"><input type="checkbox"/> Limited use/limited access (5.2)</div> <div style="width: 50%;"><input type="checkbox"/> Rack & pinion (4.1)</div> <div style="width: 50%;"><input type="checkbox"/> Auto transfer device (7.7)</div> <div style="width: 50%;"><input type="checkbox"/> Residential inclined (5.4)</div> <div style="width: 50%;"><input type="checkbox"/> Shipboard (5.8)</div> <div style="width: 50%;"><input type="checkbox"/> VRL (OESC)</div> <div style="width: 50%;"><input type="checkbox"/> Inclined elevator (5.1)</div> <div style="width: 50%;"><input type="checkbox"/> Personnel elevator (5.7)</div> <div style="width: 50%;"><input type="checkbox"/> Sidewalk elevator (5.5)</div> <div style="width: 50%;"><input type="checkbox"/> Type A mat. lift</div> <div style="width: 50%;"><input type="checkbox"/> Type b mat. lift</div> </div>			
DRIVE TYPE	MACHINE LOCATION	RATED SPEED/RISE	ADDITIONAL PARAMETERS
<input type="checkbox"/> Traction <input type="checkbox"/> Roped sprocket <input type="checkbox"/> Direct plunger <input type="checkbox"/> Screw drive <input type="checkbox"/> Winding drum <input type="checkbox"/> Rack & pinion <input type="checkbox"/> Chain sprocket <input type="checkbox"/> Roped hydraulic <input type="checkbox"/> Lever hydraulic <input type="checkbox"/> Other: _____	<input type="checkbox"/> Overhead <input type="checkbox"/> MRL <input type="checkbox"/> Basement <input type="checkbox"/> Remote <input type="checkbox"/> Adjacent <input type="checkbox"/> Machine below Clear overhead: _____ ft.	DN: _____ fpm UP: _____ fpm Total FLR to FLR: _____ Total travel: _____	No. of floors: _____ Front openings: _____ Rear openings: _____ Angle of incline: _____ ° Capacity: _____ lbs.
CONTROL SYSTEM			
<input type="checkbox"/> Variable voltage <input type="checkbox"/> Static drive <input type="checkbox"/> Hydraulic <input type="checkbox"/> Variable AC/freq. <input type="checkbox"/> 1 & 2 speed AC <input type="checkbox"/> Direct drive <input type="checkbox"/> Attendant operation <input type="checkbox"/> Keyed operation <input type="checkbox"/> Security system <input type="checkbox"/> Other: _____			
Other special controls: _____			
ADDITIONAL INFORMATION			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Simplex</div> <div style="width: 50%;"><input type="checkbox"/> Collective</div> <div style="width: 50%;"><input type="checkbox"/> Fire service phase I & II</div> <div style="width: 50%;"><input type="checkbox"/> Seismic operation</div> <div style="width: 50%;"><input type="checkbox"/> Safety valve</div> <div style="width: 50%;"><input type="checkbox"/> Duplex</div> <div style="width: 50%;"><input type="checkbox"/> Selective/collective</div> <div style="width: 50%;"><input type="checkbox"/> Emergency power</div> <div style="width: 50%;"><input type="checkbox"/> Seismic switch</div> <div style="width: 50%;"><input type="checkbox"/> Tank fastenings</div> <div style="width: 50%;"><input type="checkbox"/> Group</div> <div style="width: 50%;"><input type="checkbox"/> Single auto P/B</div> <div style="width: 50%;"><input type="checkbox"/> Emergency light & bell</div> <div style="width: 50%;"><input type="checkbox"/> Derailment SW</div> <div style="width: 50%;"><input type="checkbox"/> Pipe supports</div> <div style="width: 50%;"><input type="checkbox"/> No. of group cars: _____</div> <div style="width: 50%;"><input type="checkbox"/> Constant pressure P/B</div> <div style="width: 50%;"><input type="checkbox"/> 24 hr. communications</div> <div style="width: 50%;"><input type="checkbox"/> Rope retainer guards</div> <div style="width: 50%;"><input type="checkbox"/> Other: _____</div> <div style="width: 50%;"><input type="checkbox"/> Call/send</div> <div style="width: 50%;"><input type="checkbox"/> Intercom</div> <div style="width: 50%;"><input type="checkbox"/> CTW rail bracket spacing _____ ft.</div> </div>			
Hoistway entrance test lab listing numbers: _____			
DOOR TYPE	CAR DOOR OR GATE	HOISTWAY DOOR INTERLOCK	
<input type="checkbox"/> Single speed <input type="checkbox"/> Side slide <input type="checkbox"/> Two speed <input type="checkbox"/> C/O <input type="checkbox"/> Three speed <input type="checkbox"/> Bi-parting <input type="checkbox"/> Vertical <input type="checkbox"/> Swing <input type="checkbox"/> Power <input type="checkbox"/> Manual	<input type="checkbox"/> Single speed <input type="checkbox"/> Side slide <input type="checkbox"/> Two speed <input type="checkbox"/> C/O <input type="checkbox"/> Three speed <input type="checkbox"/> Bi-parting <input type="checkbox"/> Vertical <input type="checkbox"/> Collapsible <input type="checkbox"/> Power <input type="checkbox"/> Manual	Model: _____ Mfg.: _____ Shaft wall ENTRANCE CONSTRUCTION Sheetrock <input type="checkbox"/> on floors: _____ Masonry/concrete <input type="checkbox"/> on floors: _____	
Engineering: (2.13.4.2.1) Total combined weight of door panels, hangers linkage, etc. _____ kg. KE=1/2 Max. allowable closing speed _____ m/s <div style="text-align: center;">$(m/32.2)v^2$</div>			

BUFFERS Stroke: _____ in. Mfg.: _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Oil (spring rtn.) _____ <input type="checkbox"/> Solid bumpers _____ <input type="checkbox"/> Oil (gas rtn.) _____		CLEARANCES <table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;">Top</td> <td style="width: 50%; border: none;">Bottom</td> </tr> <tr> <td style="border: none;">Refuge: _____ in. Max. runby: _____ in. Min. runby: _____ in.</td> <td style="border: none;">Refuge: _____ in. Max. runby: _____ in. Min. runby: _____ in.</td> </tr> </table>		Top	Bottom	Refuge: _____ in. Max. runby: _____ in. Min. runby: _____ in.	Refuge: _____ in. Max. runby: _____ in. Min. runby: _____ in.	PLATFORM Net inside dimensions (2.16.1): _____ x _____ Sill running clearance: _____ in. Car to CWT clearance: _____ in.																			
Top	Bottom																										
Refuge: _____ in. Max. runby: _____ in. Min. runby: _____ in.	Refuge: _____ in. Max. runby: _____ in. Min. runby: _____ in.																										
SAFETIES <table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;">Car</td> <td style="width: 50%; border: none;">CWT</td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> Type A <input type="checkbox"/> Type B <input type="checkbox"/> Type C Slack chain/rope device: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Safeties not required </td> <td style="border: none;"> <input type="checkbox"/> Type A <input type="checkbox"/> Type B <input type="checkbox"/> Type C Slack chain/rope device: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Safeties not required </td> </tr> </table>		Car	CWT	<input type="checkbox"/> Type A <input type="checkbox"/> Type B <input type="checkbox"/> Type C Slack chain/rope device: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Safeties not required	<input type="checkbox"/> Type A <input type="checkbox"/> Type B <input type="checkbox"/> Type C Slack chain/rope device: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Safeties not required	HOIST ROPES <table style="width:100%; border: none;"> <tr> <td style="width: 33%; border: none;">Qty.</td> <td style="width: 33%; border: none;">Size</td> <td style="width: 33%; border: none;">Type</td> </tr> <tr> <td style="border: none;">Hoist: _____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">Governor: _____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">Comp. ropes: _____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">Comp. chains: _____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> Wire rope cable <input type="checkbox"/> Aircraft cable </td> <td style="border: none;"> Hoist chain no.: _____ _____ </td> <td style="border: none;"></td> </tr> </table>		Qty.	Size	Type	Hoist: _____	_____	_____	Governor: _____	_____	_____	Comp. ropes: _____	_____	_____	Comp. chains: _____	_____	_____	<input type="checkbox"/> Wire rope cable <input type="checkbox"/> Aircraft cable	Hoist chain no.: _____ _____		CAR & CWT WEIGHT Car: dead weight: _____ kg. CWT: dead weight: _____ kg. Max. shaft load: _____ kg.	
Car	CWT																										
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Comp. chains: _____	_____	_____																									
<input type="checkbox"/> Wire rope cable <input type="checkbox"/> Aircraft cable	Hoist chain no.: _____ _____																										
HYDRAULIC DATA <input type="checkbox"/> Holeless Piston(s) diameter: _____ in. Expected empty car pressure: _____ PSI Expected working pressure: _____ PSI Expected relief pressure: _____ PSI @ Max-150%		POWER DATA <input type="checkbox"/> 1Ø <input type="checkbox"/> 3Ø Line voltage: _____ VAC HP : _____ LIMITED SWITCHES: <input type="checkbox"/> Yes <input type="checkbox"/> No Directional: <input type="checkbox"/> Yes <input type="checkbox"/> No Final: <input type="checkbox"/> Yes <input type="checkbox"/> No		PASSENGER CAB INTERIOR: (2.14.2) <input type="checkbox"/> Metal shell <input type="checkbox"/> Laminated glass <input type="checkbox"/> Other material, tested to: _____ <input type="checkbox"/> ASTM E 84 <input type="checkbox"/> UL 723 <input type="checkbox"/> NFPA 252 <input type="checkbox"/> Floor covering (ASTM E 648)																							
PIPING INFORMATION <input type="checkbox"/> Schedule 40 <input type="checkbox"/> Schedule 80 <input type="checkbox"/> Threaded <input type="checkbox"/> Grooved <input type="checkbox"/> Other _____ <input type="checkbox"/> Flexible H/P hose <input type="checkbox"/> Other* _____ *Submit calculations (8.2.8.4)		HYDRAULIC JACK ASSEMBLY Plunger wall thickness: _____ in. OD: _____ in. Plunger wall thickness: _____ in. OD: _____ in.		HYDRAULIC CONTROL VALVE <input type="checkbox"/> Maxton <input type="checkbox"/> EECO <input type="checkbox"/> Blaine <input type="checkbox"/> Other _____ Model: _____ Listing/Certification no.: _____ <input type="checkbox"/> UL <input type="checkbox"/> CSA <input type="checkbox"/> ETL <input type="checkbox"/> MET																							

ELEVATOR FEE SCHEDULE (OAR 918-400-0800)

Installation permit fee (calculated from contract valuation)

\$1,000 or less	\$98.00
More than \$1,000 but less than \$15,000	
First \$1,000	\$98.00
Each additional \$1,000 or fraction	\$13.00
\$15,000 or more but less than \$50,000	
First \$15,000	\$280.00
Each additional \$1,000 or fraction	\$8.00
\$50,000 or more	
First \$50,000	\$553.00
Each additional \$1,000 or fraction	\$3.00

Operating permit fee

Inclined elevator	\$196.00
Belt manlift	\$196.00
Moving walk	\$196.00
Escalator	\$196.00
Rack and pinion	\$196.00
Sidewalk elevator	\$120.00
Sidewalk material lift	\$120.00
Special purpose	\$196.00
Special purpose personnel elevator, freight-hydraulic, freight-electric, passenger-hydraulic, passenger-electric	
Four-floor rise or less	\$176.00
More than a four-floor rise, but less than a 10-floor rise	\$216.00
Ten-floor rise or more, but less than a 20-floor rise	\$268.00
Twenty-floor rise or more	\$314.00
Stairway chairlift	\$120.00
Dumbwaiter	\$120.00
Limited-use limited application	\$196.00
Material lift	\$196.00
Vertical reciprocating lift	\$196.00
Vertical wheelchair lift	\$176.00
Inclined wheelchair lift	\$176.00
Stage lift	\$196.00

Plan review fee	\$78.00
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EXAMPLE FEE CALCULATION

This example fee calculation is for a passenger-electric elevator with a three-floor rise and a contract valuation of \$26,748.

Contract valuation: \$26,748

Installation permit fee (contract valuation: \$26,748)

For the first \$15,000	\$280.00
Balance of \$11,748 — round up to \$12,000	
Multiply \$8 per \$1,000 — or \$8 x 12	\$96.00

Operating permit fee: (passenger-electric, three-floor rise) \$176.00

Subtotal **\$552.00**

x 12% surcharge (ORS 455.210) \$66.24

Plan review fee \$78.00

GRAND TOTAL **\$696.24**

Do not send cash.

Make check or money order payable to: Department of Consumer and Business Services.

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