



# Elevator Installation Application

Department of Consumer and Business Services  
 Building Codes Division • Elevator Safety Program  
 1535 Edgewater St. NW, Salem, Oregon  
 503-373-1298 • Fax: 503-378-4101  
 Web: bcd.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. Submit three complete sets of shop drawings for each permit request. 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.

**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.**

APPLICATION FEES	
Contract valuation	\$ _____
Plan fee: (70211/1212)	\$ _____
+ Permit fee: (70211/1195)	\$ _____
x 12% surcharge (70211/1291)	\$ _____
<b>Total fee:</b>	\$ _____

### DEPARTMENT USE ONLY

ID no.:	Plan review by:	Date approved:
Assigned area:	Plans received:	Site no.:
Seismic zone: <input type="checkbox"/> 2B <input type="checkbox"/> 3 <input type="checkbox"/> 4	Plans checked to: ASME A 17.1 _____ and applicable codes.	

SITE INFORMATION	OWNER INFORMATION
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Site name:	Owner:
Address:	Address:
City/State/ZIP:	City/State/ZIP:
<input type="checkbox"/> New structure <input type="checkbox"/> Existing structure	

### ELEVATOR CONTRACTOR INFORMATION

Elevator contractor:	Phone: - -
Address (street or P.O. Box):	Fax: - -
E-mail:	
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 & Business Services.**  
 Do *not* send cash.

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover   Phone: _____	
Credit card number	Expiration date
Name of cardholder as shown on credit card	
Cardholder signature	Amount \$ _____

<b>DCBS Fiscal use only:</b>

## EQUIPMENT DATA/TYPE/USE

Equipment manuf.:	Controller model no.:	Controller certification: Lab file or control no. (UL/CSA/ETL/MET)																			
<input type="checkbox"/> <b>COMMERCIAL INSTALLATION</b>		<input type="checkbox"/> <b>PRIVATE RESIDENCE</b>																			
<input type="checkbox"/> Passenger (2, 3, & 8.4) <input type="checkbox"/> Residential (5.3-5.4) <input type="checkbox"/> Auto transfer device (7.7) <input type="checkbox"/> Inclined elevator (5.1)	<input type="checkbox"/> Rooftop elevator (5.6) <input type="checkbox"/> Freight (Parts 2, 3, & 8.4) <input type="checkbox"/> Residential inclined (5.4) <input type="checkbox"/> Personnel elevator (5.7)	<input type="checkbox"/> Screw column (4.2) <input type="checkbox"/> Limited use/limited access (5.2) <input type="checkbox"/> Shipboard (5.8) <input type="checkbox"/> Sidewalk elevator (5.5)	<input type="checkbox"/> Dumbwaiter (7.1, 7.2, 7.3) <input type="checkbox"/> Rack & pinion (4.1) <input type="checkbox"/> VRL (OESC) <input type="checkbox"/> Type A mat. lift <input type="checkbox"/> Type b mat. lift																		
<b>DRIVE TYPE</b> <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: _____	<b>MACHINE LOCATION</b> <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.	<b>RATED SPEED/RISE</b> DN: _____ fpm UP: _____ fpm Total FLR to FLR: _____ Total travel: _____	<b>ADDITIONAL PARAMETERS</b> No. of floors: _____ Front openings: _____ Rear openings: _____ Angle of incline: _____ ° Capacity: _____ lbs.																		
<b>CONTROL SYSTEM</b>																					
<input type="checkbox"/> Variable voltage <input type="checkbox"/> Attendant operation	<input type="checkbox"/> Static drive <input type="checkbox"/> Keyed operation	<input type="checkbox"/> Hydraulic <input type="checkbox"/> Security system	<input type="checkbox"/> Variable AC/freq. <input type="checkbox"/> 1 & 2 speed AC <input type="checkbox"/> Direct drive <input type="checkbox"/> Other: _____																		
Other special controls: _____																					
<input type="checkbox"/> Simplex <input type="checkbox"/> Duplex <input type="checkbox"/> Group No. of group cars: _____	<input type="checkbox"/> Collective <input type="checkbox"/> Selective/collective <input type="checkbox"/> Single auto P/B <input type="checkbox"/> Constant pressure P/B <input type="checkbox"/> Call/send	<input type="checkbox"/> Fire service phase I & II <input type="checkbox"/> Emergency power <input type="checkbox"/> Emergency light & bell <input type="checkbox"/> 24 hr. communications <input type="checkbox"/> Intercom	<input type="checkbox"/> Seismic operation <input type="checkbox"/> Seismic switch <input type="checkbox"/> Derailment SW <input type="checkbox"/> Rope retainer guards <input type="checkbox"/> CTW rail bracket spacing _____ ft.																		
Safety valve Tank fastenings Pipe supports Other: _____																					
Hoistway entrance test lab listing numbers: _____																					
<b>DOOR TYPE</b> <input type="checkbox"/> Single speed <input type="checkbox"/> Two speed <input type="checkbox"/> Three speed <input type="checkbox"/> Vertical <input type="checkbox"/> Power	<input type="checkbox"/> Side slide <input type="checkbox"/> C/O <input type="checkbox"/> Bi-parting <input type="checkbox"/> Swing <input type="checkbox"/> Manual	<b>CAR DOOR OR GATE</b> <input type="checkbox"/> Single speed <input type="checkbox"/> Two speed <input type="checkbox"/> Three speed <input type="checkbox"/> Vertical <input type="checkbox"/> Power	<input type="checkbox"/> Side slide <input type="checkbox"/> C/O <input type="checkbox"/> Bi-parting <input type="checkbox"/> Collapsible <input type="checkbox"/> Manual																		
<b>HOISTWAY DOOR INTERLOCK</b> Model: _____ Mfg.: _____ Shaft wall _____ Sheetrock _____ Masonry/concrete _____		<b>ENTRANCE CONSTRUCTION</b> <input type="checkbox"/> on floors: _____ <input type="checkbox"/> on floors: _____																			
Engineering: (2.13.4.2.1) Total combined weight of door panels, hangers linkage, etc. _____ kg. $KE=1/2(m/32.2)v^2$ Max. allowable closing speed _____ m/s																					
<b>BUFFERS</b> Stroke: _____ in. Mfg.: _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Solid bumpers: _____	<input type="checkbox"/> Oil (spring rtn.) <input type="checkbox"/> Oil (gas rtn.)	<b>CLEARANCES</b> <b>Top</b> Refuge: _____ in. Max. runby: _____ in. Min. runby: _____ in.	<b>Bottom</b> Refuge: _____ in. Max. runby: _____ in. Min. runby: _____ in.																		
<b>PLATFORM</b> Net inside dimensions (2.16.1): _____ x _____ Sill running clearance: _____ in. Car to CWT clearance: _____ in.																					
<b>SAFETIES</b> <b>Car</b> <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	<b>CWT</b> <input type="checkbox"/> Type A <input type="checkbox"/> Type B <input type="checkbox"/> Type C	<b>HOIST ROPES</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Qty.</th> <th>Size</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>Hoist: _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Governor: _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Comp. ropes: _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Comp. chains: _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td colspan="3"> <input type="checkbox"/> Wire rope      <input type="checkbox"/> Aircraft cable      Hoist chain no.: _____                             </td> </tr> </tbody> </table>	Qty.	Size	Type	Hoist: _____	_____	_____	Governor: _____	_____	_____	Comp. ropes: _____	_____	_____	Comp. chains: _____	_____	_____	<input type="checkbox"/> Wire rope <input type="checkbox"/> Aircraft cable      Hoist chain no.: _____			<b>CAR &amp; CWT WEIGHT</b> Car: dead weight: _____ kg. CWT: dead weight: _____ kg. Max. shaft load: _____ kg.
Qty.	Size	Type																			
Hoist: _____	_____	_____																			
Governor: _____	_____	_____																			
Comp. ropes: _____	_____	_____																			
Comp. chains: _____	_____	_____																			
<input type="checkbox"/> Wire rope <input type="checkbox"/> Aircraft cable      Hoist chain no.: _____																					
<b>HYDRAULIC DATA</b> <input type="checkbox"/> Holeless Piston(s) diameter: _____ in. Expected empty car pressure: _____ PSI Expected working pressure: _____ PSI Expected relief pressure: _____ PSI @ Max-150%	<b>POWER DATA</b> <input type="checkbox"/> 1Ø <input type="checkbox"/> 3Ø Line voltage: _____ VAC HP: _____ LIMITED SWITCHES: Directional: <input type="checkbox"/> Yes <input type="checkbox"/> No Final: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>PASSENGER CAB INTERIOR: (2.14.2)</b> <input type="checkbox"/> Metal shell <input type="checkbox"/> Other material, tested to: <input type="checkbox"/> Laminated glass <input type="checkbox"/> ASTM E 84 <input type="checkbox"/> UL 723 <input type="checkbox"/> NFPA 252 <input type="checkbox"/> Floor covering (ASTM E 648)																			
<b>PIPING INFORMATION</b> <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)	<b>HYDRAULIC JACK ASSEMBLY</b> Plunger wall thickness: _____ in. OD: _____ in. Plunger wall thickness: _____ in. OD: _____ in.	<b>HYDRAULIC CONTROL VALVE</b> <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																			

**DEPARTMENT USE ONLY**

Conveyance meets minimum safety standards; OK to permit. Date: \_\_\_\_\_

Inspection month: \_\_\_\_\_

**Application must be signed by an elevator contractor representative. Unsigned applications will be returned. Request for waivers, pursuant to ORS 460.035, on this unit must be submitted separately in writing.**

Contractor representative: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature

Print name: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_

General contractor's name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

ORS 460.045(3): No installation shall begin until plans are approved by the division.

ORS 460.045(6): Units shall not be placed in service until inspected by the division.

ORS 460.048: Plans and application must be submitted in triplicate.

Before a permit is issued for the construction, alteration, relocation, or installation of a conveyance subject to the provisions of this act, application for such permit shall be made to the Elevator Safety Program accompanied by a fee as computed below. No work shall be done until the permit has been approved and issued by the Elevator Safety Program. No permit or fees shall be required for ordering repairs and replacement of damaged, broken, or worn parts necessary for normal maintenance.

**ELEVATOR INSTALLATION FEE SCHEDULE**

<b>Plan review fee</b> .....	78.00
\$1,000 or under .....	98.00
Over \$1,000 but under \$15,000	
First \$1,000 .....	98.00
Each additional \$1,000 or fraction.....	13.00
\$15,000 or over but under \$50,000	
First \$15,000 .....	280.00
Each additional \$1,000 or fraction.....	8.00
\$50,000 or over	
First \$50,000 .....	553.00
Each additional \$1,000 or fraction.....	3.00
<hr style="border-top: 1px dashed black;"/>	
<b>Example:</b>	
Plan review fee.....	78.00
Wheelchair installation/alteration 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
<b>Subtotal</b> .....	<b>454.00</b>
x 12% surcharge (ORS 455.210).....	54.48
<b>Total fee</b> .....	<b>508.48</b>

This information is being submitted as assurance the installation/alteration will conform to the minimum standards of the Elevator Safety Code – ANSI/ASME A17/1 and related documents.

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