



Escalator/Moving Walk Installation Application

Department of Consumer and Business Services
Building Codes Division
1535 Edgewater St. NW, Salem, Oregon
Phone: 503-383-4133 • Fax: 503-378-2322
www.oregon.gov/bcd

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. Fill in all areas that apply to this installation. For each installation, plans must be submitted with this application.

ORS 460.045: No installation may begin until plans are approved.

ORS 460.048: All work is subject to final inspection by Building Codes Division.

APPLICATION FEES

Contract valuation	\$
Plan fee: (70211/1212)	\$
+ Permit fee: (70211/1195)	\$
x 12% surcharge (70211/1291)	\$
Total fee:	\$

DEPARTMENT USE ONLY

ID no.:	Plan review by:	Date approved:	
Assigned area:	Plans received:	Site no.:	R/P no.:
Plans checked to: ASME A 17.1 _____ edition, <input type="checkbox"/> Part 6.1 <input type="checkbox"/> Part 6.2			

SITE INFORMATION

OWNER INFORMATION

Site name:	Owner:
Address:	Address:
City/State/ZIP:	City/State/ZIP:

ELEVATOR CONTRACTOR INFORMATION

Elevator contractor:	Phone:	
Address (street or P.O. Box):	Fax:	
City:	State:	ZIP:
Email:		
Contractor's license no.:	CCB no.:	
Licensed supervisor/installer:	Supervisor's license no.:	
Contact name:	Phone:	
General contractor:	Phone:	

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

<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

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

DCBS Fiscal use only:

EQUIPMENT INFORMATION

<input type="checkbox"/> Escalator	<input type="checkbox"/> Moving walk	Manufacturer:	Make/model/job no.:																				
Control certification no.:		Testing lab: <input type="checkbox"/> CSA <input type="checkbox"/> ETL <input type="checkbox"/> MET <input type="checkbox"/> UL <input type="checkbox"/> Other:																					
Angle of incline: _____ °	Total vertical rise: _____ ft. _____ in.	Total vertical rise: _____ ft. _____ in.																					
Step/pallet width: _____ in.	Step depth: _____ in.	Rise between treads: _____ in.																					
No. of flat steps: _____	Rated speed: _____ fpm	Rated load: (passenger/hours): _____ hr.																					
Balustrade material: <input type="checkbox"/> Glass <input type="checkbox"/> Metal <input type="checkbox"/> Plastic Other:																							
<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Keyed start switches</td> <td><input type="checkbox"/> Emergency stop buttons</td> <td><input type="checkbox"/> Speed governor</td> <td><input type="checkbox"/> Broken step chain device</td> </tr> <tr> <td><input type="checkbox"/> Broken drive chain device</td> <td><input type="checkbox"/> Machinery space stop switch</td> <td><input type="checkbox"/> Skirt switches</td> <td><input type="checkbox"/> Rolling shutter device</td> </tr> <tr> <td><input type="checkbox"/> Reversal stop device</td> <td><input type="checkbox"/> Demarcation lights</td> <td><input type="checkbox"/> Step upthrust device</td> <td><input type="checkbox"/> Tandem operation</td> </tr> <tr> <td><input type="checkbox"/> Disconnected motor device</td> <td><input type="checkbox"/> Handrail speed monitor</td> <td><input type="checkbox"/> Missing step/pallet device</td> <td><input type="checkbox"/> Level step/pallet device</td> </tr> <tr> <td><input type="checkbox"/> Handrail entry device</td> <td><input type="checkbox"/> Comb-step/pallet impact device</td> <td><input type="checkbox"/> Step lateral displc. device</td> <td><input type="checkbox"/> Safety warning signs</td> </tr> </table>				<input type="checkbox"/> Keyed start switches	<input type="checkbox"/> Emergency stop buttons	<input type="checkbox"/> Speed governor	<input type="checkbox"/> Broken step chain device	<input type="checkbox"/> Broken drive chain device	<input type="checkbox"/> Machinery space stop switch	<input type="checkbox"/> Skirt switches	<input type="checkbox"/> Rolling shutter device	<input type="checkbox"/> Reversal stop device	<input type="checkbox"/> Demarcation lights	<input type="checkbox"/> Step upthrust device	<input type="checkbox"/> Tandem operation	<input type="checkbox"/> Disconnected motor device	<input type="checkbox"/> Handrail speed monitor	<input type="checkbox"/> Missing step/pallet device	<input type="checkbox"/> Level step/pallet device	<input type="checkbox"/> Handrail entry device	<input type="checkbox"/> Comb-step/pallet impact device	<input type="checkbox"/> Step lateral displc. device	<input type="checkbox"/> Safety warning signs
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Driving machine connections to shaft: <input type="checkbox"/> Toothed gear <input type="checkbox"/> Mechanical coupling <input type="checkbox"/> Chain <input type="checkbox"/> Other:																							
Line voltage: _____ vac H.P.: _____ Amps: _____ <input type="checkbox"/> Anti-slide devices																							

ORS 460.045(2): No installation shall begin until plans are approved by the division.

ORS 460.045(5): 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 must 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.

ESCALATOR / MOVING WALK INSTALLATION FEE SCHEDULE

Plan review fee	\$ 78.00
\$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

Example:

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
Subtotal	\$ 454.00
x 12% surcharge (ORS 455.210).....	\$ 54.48
Total fee	\$ 508.48

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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