



Escalator/Moving Walk Installation Application

Department of Consumer and Business Services
Building Codes Division • Elevator Safety Program
 1535 Edgewater St. NW, Salem, Oregon
 Phone: 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.** 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:
E-mail:		
Contractor's license no.:		CCB no.:
Licensed supervisor/installer:		Supervisor's license no.:
Contact name:		Phone:
General contractor:		Phone:

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Secure fax for credit card payments:
503-947-2333

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

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

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: _____			
<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 displ. device	<input type="checkbox"/> Safety warning signs
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 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;"/>	
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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