



Wheelchair/Chair Lift Installation Application

Department of Consumer and Business Services
Building Codes Division
1535 Edgewater St. NW, Salem, Oregon
Phone: 503-373-1298 • Web: oregon.gov/bcd

Mail application with
payment to:
DCBS Fiscal Services
P.O. Box 14610
Salem, OR 97309-0445

ORS 460.045: No installation may begin until plans are approved. All work is subject to final inspection by BCD. Post each installation permit in clear view in machine room. Equipment sold in Oregon must be listed by an approved testing lab or plans must bear a registered professional engineer's stamp.

Instructions: This application must be completed by an elevator contractor licensed in Oregon. Print or type only. Fill in all areas that apply to this installation. Three complete sets of shop drawings must accompany each permit request. Supporting documentation may be requested before approval of plans.

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 18.1		Inspection month:	

SITE INFORMATION

OWNER INFORMATION

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:	
City:	State:	ZIP:
Email:		
Contractor's license no.:	CCB no.:	
Licensed supervisor:	Supervisor's license no.:	
Contact name:		
Title:	Date:	

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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 DATA / TYPE / USE					
Equipment manuf.:		Controller model no.:		Controller test lab file or control no. (UL/CSA/ETL/MET):	
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> Vertical wheelchair lift <input type="checkbox"/> Inclined wheelchair lift <input type="checkbox"/> Stairway chair lift		VERTICAL WHEELCHAIR LIFTS ONLY <input type="checkbox"/> Runway enclosure provided <input type="checkbox"/> Runway enclosure not provided <input type="checkbox"/> Attendant operation		RATED SPEED TRAVEL Down: _____ ft./min. Total travel: _____ ft. Angle of Up: _____ ft./min. incline: _____ °	
DRIVE TYPE <input type="checkbox"/> Traction <input type="checkbox"/> Direct plunger hydraulic <input type="checkbox"/> Winding drum <input type="checkbox"/> Chain sprocket <input type="checkbox"/> Lever hydraulic <input type="checkbox"/> Roped hydraulic <input type="checkbox"/> Screw drive <input type="checkbox"/> Rack & pinion <input type="checkbox"/> Roped sprocket <input type="checkbox"/> Friction		ADDITIONAL PARAMETERS Capacity: _____ lbs. No. of floors served: Front: _____ Rear: _____ <input type="checkbox"/> Emergency signaling device <input type="checkbox"/> 24-hour communication device		HOISTWAY DOOR INTERLOCKS Manuf.: _____ Model no.: _____ Testing lab certification no.: _____ <input type="checkbox"/> UL <input type="checkbox"/> CSA <input type="checkbox"/> MET <input type="checkbox"/> ETL	
PLATFORM INFORMATION <input type="checkbox"/> Grab rail (must comply with ADA requirements) Net inside dimensions: _____ " X _____ " Sill running clearance: _____ " Side running clearance: _____ " (2" min.-3" max.) Platform safeties required? <input type="checkbox"/> Yes <input type="checkbox"/> No		SUSPENSION MEANS <input type="checkbox"/> Steel or iron rope; size: _____ " <input type="checkbox"/> Rack & pinion <input type="checkbox"/> Aircraft cable; size: _____ " <input type="checkbox"/> Screw column <input type="checkbox"/> Roller chain; chain no.: _____ <input type="checkbox"/> Friction guides <input type="checkbox"/> Roped hydraulic <input type="checkbox"/> Direct plunger hydraulic		HYDRAULIC DATA Piston diameter: _____ " Working pressure: _____ psi Pressure relief: _____ psi POWER DATA Line voltage: _____ vac. HP: _____	

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 will be done until the permit has been approved and issued by the Elevator Safety Program. No permit or fees will be required for ordering repairs and replacement of damaged, broken, or worn parts necessary for normal maintenance.

WHEELCHAIR / CHAIR LIFT 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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