



APPLICATION FOR REVIEW ELEVATORS, ESCALATORS AND RELATED CONVEYANCES

Division of Industry Services
141 NW Barstow St
Waukesha, WI 53188-3789
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-Complete both sides-

Please type or print clearly. Information on this form is important for providing timely and efficient review of your project. Complete submittals prevent delays in processing and reviewing of your project.

Except for Emergency Repairs, work may not commence until approved.

Scheduling Review: Your plan will be reviewed in the order it was received or you may schedule the review. To schedule, fax completed form to (877) 840-9172 or e-mail to DSPSSbPlanSchedule@Wi.gov. You will receive a confirmation letter with an appointment date. Plans must be received in this office no later than 2 working days before the confirmed appointment.

<p>1. Use (check one)</p> <p>Commercial Bldg./ Shared Elevator</p> <p><input type="checkbox"/> Passenger Elevator</p> <p><input type="checkbox"/> Freight Elev. (circle class) A B C1 C2 C3</p> <p><input type="checkbox"/> Inclined Elevator</p> <p><input type="checkbox"/> Limited Use (LULA) Elev.</p> <p><input type="checkbox"/> Power Sidewalk Elevator</p> <p><input type="checkbox"/> Special Purpose Pers. Elev</p> <p><input type="checkbox"/> Part V Elev. (remod only)</p> <p><input type="checkbox"/> Stage/Orch. Elevator</p> <p>Dumbwaiter / Material Lift</p> <p><input type="checkbox"/> Dumbwaiter</p> <p><input type="checkbox"/> Type B Material Lift</p> <p>Moving Stair / Walk</p> <p><input type="checkbox"/> Escalator</p> <p><input type="checkbox"/> Moving Walk</p> <p>Lift</p> <p><input type="checkbox"/> Vertical Platform Lift</p> <p><input type="checkbox"/> Inclined Platform Lift</p> <p><input type="checkbox"/> Stairway Chair Lift</p> <p>Date of Contract (between elevator contr. and owner)</p>	<p>Residential Dwelling Elevator</p> <p><input type="checkbox"/> Residential Elevator</p> <p><input type="checkbox"/> Residential Inclined El.</p> <p><input type="checkbox"/> Passenger Elevator</p> <p><input type="checkbox"/> Freight Elev. (circle) A B C1 C2 C3</p> <p><input type="checkbox"/> Inclined Elevator</p> <p><input type="checkbox"/> Limited Use (LULA) El.</p> <p>Dumbwaiter</p> <p><input type="checkbox"/> Dumbwaiter</p> <p>Note: Plan review and inspection of elevators and dumbwaiters in private residences is required for contract dates on or after January 1, 2009. This is based on the date of contract between elevator installer and home owner, builder or developer.</p>	<p>2. Type of Submittal:</p> <p><input type="checkbox"/> New Installation</p> <p><input type="checkbox"/> Complete replacement of existing elevator, lift, escalator, etc</p> <p><input type="checkbox"/> Alteration or Repair</p> <p><input type="checkbox"/> Emergency Repair</p> <p>State Tag or Regulated Object No. of existing unit _____ (See box 7, page 2)</p>	<p>Building Plan Rev. Trans ID: _____</p> <p>Previous Related Petition for Variance Transaction ID Number (where applicable). _____</p> <p style="text-align: center;">For office use only</p> <p>Transaction ID: _____</p> <p>Assigned Review Date: _____</p> <p>Assigned Reviewer: _____</p> <p>Assigned Office: _____</p>
<p>3. Project Site Information</p> <p>Project Name: _____</p> <p>Project Address: _____</p> <p><input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____</p> <p>County _____</p>		<p>Elevator Number, tenant name and / or building designation</p>	
<p>4. After plans are reviewed, please: (check all that apply)</p> <p><input type="checkbox"/> Requesting party will pick up.</p> <p><input type="checkbox"/> Mail plans to customer 1, 2, 3, 4 below (circle number).</p> <p><input type="checkbox"/> Plans to be E-filed (enter SharePoint ID below in Customer 1)</p>			

5. Complete the following installer and owner information.

Elevator Installer / Contractor Information (Customer 1)	Requesting Party if different than Installer (Customer 3)
First Name _____ Last Name _____ Customer Number _____	First Name _____ Last Name _____ Customer Number _____
Company Name _____	Company Name _____
License Number (Required) _____	Address _____
Address _____	City _____ State _____ Zip _____
City _____ State _____ Zip _____	Phone _____ Fax _____ E-mail address _____
Phone _____ Fax _____ E-mail address _____	
SharePoint ID (for Electronic Plan Review) _____	
Owner Information (Customer 2)	Other (Customer 4) Check one: <input type="checkbox"/> Payer <input type="checkbox"/> Manufacturer <input type="checkbox"/> Other
First Name _____ Last Name _____ Customer Number _____	First Name _____ Last Name _____ Customer Number _____
Company Name _____	Company Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____ Fax _____ E-mail address _____	Phone _____ Fax _____ E-mail address _____
Check if applicable <input type="checkbox"/> Payer	Check if applicable <input type="checkbox"/> Payer <input type="checkbox"/> Manufacturer <input type="checkbox"/> Other

Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04(1)(m)]

6. General Equipment Information (Complete ALL applicable information)

Number of Landings: _____ Number of car or platform openings: _____ Note: Car or platform openings (doors/gates) are counted from inside the elevator, dumbwaiter or lift. Number of car or platform openings does not usually equal the number of landings and is rarely more than 2.	Type of Drive Unit: <input type="checkbox"/> Rack and pinion <input type="checkbox"/> Cable Ball & Socket <input type="checkbox"/> Chain (electric) <input type="checkbox"/> Chained hydraulic <input type="checkbox"/> Direct hydraulic <input type="checkbox"/> Direct hydr – mach. room less <input type="checkbox"/> Hand <input type="checkbox"/> Roped hydraulic <input type="checkbox"/> Screw <input type="checkbox"/> Traction – penthouse <input type="checkbox"/> Traction – basement <input type="checkbox"/> Traction – mach. room less <input type="checkbox"/> Winding drum	Rated Load (lbs): _____ Suspension Means: <input type="checkbox"/> Elevator Wire Rope <input type="checkbox"/> Aircraft Cable <input type="checkbox"/> Kevlar Rope <input type="checkbox"/> Non-Circular Coated Steel <input type="checkbox"/> Chain Number of Susp. Means: _____ Size of Susp. Means: _____
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7. Replacement, Alteration or Emergency Repair Complete all information in Box 6 above and any items in Box 8 that are changing as part of this project. Describe the scope of the project in this space. If more space is needed, attach a project specification or project description.

8. Specific Equipment Information (Complete ALL applicable information)

Hoistway / Runway and Car / Platform	Speed Up _____ fpm	Speed Down _____ fpm	Overhead Clear. _____ ft. _____ in	Pit Depth _____ ft. _____ in	Total Travel _____ ft. _____ in	Car Inside Dimension _____ x _____	Car Wt. _____ lb	Total Wt. _____ lb	Operation
	Top Runby _____ in.	Bottom Runby _____ in.	Buffer Stroke _____ in.	Buffer Type <input type="checkbox"/> Spring <input type="checkbox"/> Oil <input type="checkbox"/> Bumper	Guide Rail Type <input type="checkbox"/> Tee <input type="checkbox"/> Formed <input type="checkbox"/> other	Guide Rail Sizes Car _____ Cwt _____			
Machine	Machine Type	Mach. Location	Primary Brake Type	Emerg. Brake Type	Sheave Size _____ in.	Rope Const.	Hydraulic Control Valve Manuf. _____ Model no.		
Electrical	H. P.	Volts - main	Phase	On Emerg / Stand-by Power <input type="checkbox"/> Yes <input type="checkbox"/> No	Batt. Emerg. Lowering Only <input type="checkbox"/> Yes <input type="checkbox"/> No	Batt. powered - Up / Down <input type="checkbox"/> Yes <input type="checkbox"/> No	Volts - Battery (if battery powered)		
Safety / Governor/ 2.19 device	Safety Type <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> other	Approved Cap. (lbs.)	Safety Manufacturer	Governor Type <input type="checkbox"/> Non Fly-ball <input type="checkbox"/> Fly-ball <input type="checkbox"/> Friction <input type="checkbox"/> other	Gov. Manufacturer	Gov. Model No.	Slack Rope/ Chain Switch <input type="checkbox"/> Yes <input type="checkbox"/> no	2.19 device Manufacturer Model No.	
Fire Serv. / Fire Safety	Fire Fighter's Service <input type="checkbox"/> None <input type="checkbox"/> Phase I <input type="checkbox"/> Phases I & II	Location of Any Remote Fire Recall Key Switches		Designated Evac. Level	Alternate Evac. Level	Sprinklers in: _____	Machine Room Top of Hoistway /Runway Pit	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Fees

For Map showing State-inspected counties and Private-inspected counties, please see http://dsps.wi.gov/Documents/Industry%20Services/Maps/Conveyance%20Map.pdf	New installation or complete replacement of an existing conveyance						Alteration, repair or modernization of existing	
	In county with State Inspection			In county where Private Inspector will bill for inspection			In county with State Inspection - Total Fee	In county where Private Inspector will bill for Insp. - Total Fee
	Plan Review & Initial Insp. Fee	Permit to Operate Fee	Total Fee	Plan Review Fee	Permit to Operate Fee	Total Fee		
Pass. or Freight Elevator : Traction or drive machine other than hydraulic	\$1200	\$50	\$1250	\$400	\$50	\$450	\$600	\$200
Hydraulic driving machine	\$1040	\$50	\$1090	\$320	\$50	\$370	\$520	\$160
Residential, LULA, Special Purpose, Sidewalk or Stage Elevator, Lift or Dumbwaiter	\$960	\$50 *	\$1010 *	\$320	\$50 *	\$370 *	\$480	\$160
Escalator or Moving Walk	\$1120	\$50	\$1170	\$320	\$50	\$370	\$560	\$160

* Elevators and dumbwaiters serving single dwelling units are not required to have an annual permit to operate. For these new installations, Total Fee is \$960.00 in State Inspector counties and \$320 in Private Inspector counties. Private Inspector will bill separately for inspection(s).

If paying by check, make payable to Div. of Industry Services
 Or check this box to invoice Installer/ Contractor

Total Amt: \$ _____

10. Applicant Signature: I certify all the above statements are true and accurate to the best of my knowledge and belief

Signature _____ Title _____ Date Signed _____