



**Application to Install, Alter or Repair  
Please TYPE and submit ALL copies to:**

North Carolina Department of Labor  
Elevator and Amusement Device Bureau  
1101 Mail Service Center  
Raleigh, North Carolina 27699-1101  
(919) 807-2770  
dol.elevatormail@labor.nc.gov

|                            |       |
|----------------------------|-------|
| N.C. No.:                  | _____ |
| Inspector:                 | _____ |
| County:                    | _____ |
| <b>FOR OFFICE USE ONLY</b> |       |
| Application                | _____ |
| Expiration Date:           | _____ |

**Attach exceptions or variances applied for on separate sheet. Acceptance Subject to Final Field Inspection.**  
Complete One Application per Unit

New installation: \_\_\_\_\_ Plan or Contract No.: \_\_\_\_\_  
*(Type of equipment—elevator (passenger, freight), escalator, dumbwaiter, etc.)*

Alteration: (State No. \_\_\_\_\_)  
*(Explain in detail alteration(s) performed and equipment replaced)*

Repair/replacement: (State No. \_\_\_\_\_)  
*(Explain in detail repair/replacement performed and equipment replaced)*

Inspection fee: \$200.00

1. Electrical contractor: \_\_\_\_\_ License #: \_\_\_\_\_
2. New equipment/alteration location: City: \_\_\_\_\_ County: \_\_\_\_\_  
Street & number: \_\_\_\_\_ ZIP: \_\_\_\_\_
3. Owner: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Street & number: \_\_\_\_\_ ZIP: \_\_\_\_\_
4. Architect: \_\_\_\_\_ Address: \_\_\_\_\_ ZIP: \_\_\_\_\_
5. Building contractor: \_\_\_\_\_ Address: \_\_\_\_\_ ZIP: \_\_\_\_\_
6. Equipment installer: \_\_\_\_\_ Address: \_\_\_\_\_ ZIP: \_\_\_\_\_
7. Equipment manufacturer: \_\_\_\_\_ Address: \_\_\_\_\_ ZIP: \_\_\_\_\_
8. Building name & no.: \_\_\_\_\_ No. of stories: \_\_\_\_\_
9. Machine room location: \_\_\_\_\_ Type driving machine: \_\_\_\_\_  
*(Above, adjacent, remote)* *(Electric traction, hydraulic, etc.)*
10. Rated load: \_\_\_\_\_ No. of landings served: \_\_\_\_\_ No. of openings to car: \_\_\_\_\_  
*(Pounds)* *(Front and Rear)* *(One or Two)*
11. Power: \_\_\_\_\_ Speed in FPM: \_\_\_\_\_ Travel in feet: \_\_\_\_\_  
*(Volts, Phase, Cycle)*
12. Type of operation: \_\_\_\_\_ Type of control: \_\_\_\_\_  
*(Collective, Sel-Coll. SAPB, etc.)* *(Gen. Field, Static, A.C.)*

**Equipment to be installed, altered, or replaced/repared will comply with the following codes or standards:**  
*(Please check all codes with which equipment complies)*

| National Code or Standard  | Code Edition |
|--|--------------|
| <input type="checkbox"/> A17.1: Safety Code for Elevators, Dumbwaiters, Escalators, and Moving Walks                               | A17.1 _____  |
| <input type="checkbox"/> A18.1: Safety Standard for Platform Lifts and Stairway Chairlift  | A18.1 _____  |
| <input type="checkbox"/> A17.3: Safety Code for Existing Elevators and Escalators  | A17.3 _____  |
| <input type="checkbox"/> A10.4: Safety Requirements for Personnel Hoist  | A10.4 _____  |
| <input type="checkbox"/> A90.1: Safety Standards for Manlifts  | A90.1 _____  |
| <input type="checkbox"/> NFPA 70 (ANSI C1): National Electrical Code   | NFPA _____   |
| <b>North Carolina Rules and Regulations</b>  |              |
| <input type="checkbox"/> NCAC 15.0201: Elevator Safety Code (including amendments to A17.1)  |              |
| <b>North Carolina State Building Codes</b>   |              |
| <input type="checkbox"/> Volume 1—Chapter 30: Elevators and Conveying Systems  |              |
| <input type="checkbox"/> Volume 1—Chapter 4 (Section 403): Special Provisions for High Rise Buildings                              |              |
| <input type="checkbox"/> Volume 1-A (Section 1008): Special Safety to Life Requirements Applicable to Existing High Rise Buildings |              |
| <input type="checkbox"/> Volume 1-C Chapter 15: N.C. Accessibility Code: Elevators and Platform Wheelchair Lifts                   |              |

The undersigned certifies that the information contained in this application is true and accurate to the best of his or her knowledge.

Signed: (Print) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Company: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_