

## 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) 707-7927 dol.elevatormail@labor.nc.gov

N.C. No.:
County:
FOR OFFICE USE ONLY
Application
Expiration Date:

(Gen. Field, Static, A.C.)

## Attach exceptions or variances applied for on separate sheet. Acceptance Subject to Final Field Inspection.

Complete One Application per Unit Type of equipment—elevator (passenger, freight), escalator, dumbwaiter, etc.) Plan or Contract # \_\_\_\_\_ Alteration: )(State No. Repair/replacement: )(State No. \*\*Scope of work pg. 2 Contract Price \$ \_\_\_\_\_ 1. Electrical contractor: \_\_\_\_\_ License #: \_\_\_ 2. Building name & no.: \_\_\_ \_\_\_\_ No. of stories: \_\_\_\_\_ 3. New equipment/alteration location: City: \_\_\_\_\_ County: \_\_\_\_ Street & number: ZIP: \_\_\_\_\_ City:\_\_\_\_\_ State \_\_\_\_\_ 4. Owner: \_\_\_\_\_ ZIP: \_\_\_\_\_ Street & number: 5. Architect: \_ \_\_\_\_\_ Address: \_\_\_\_\_ ZIP: \_\_\_\_\_ 6. Building contractor: \_\_\_ Address: ZIP: 7. Equipment installer:\_\_\_\_\_\_ Address: \_\_\_\_\_\_ ZIP: \_\_\_\_\_ 8. Equipment manufacturer: \_\_\_\_\_\_ Address: \_\_\_\_\_ ZIP: \_\_\_\_\_ \_\_\_\_ Type driving machine: \_\_\_\_ Machine room location: \_\_\_\_ (Electric traction, hydraulic, etc.) (Above, adjacent, remote) No. of landings served:

(Front and Rear) \_\_ No. of openings to car:\_\_\_\_\_\_(One or Two) 10. Rated load:\_\_\_ \_\_ Speed in FPM: \_\_\_\_\_\_ Travel in feet: \_\_\_\_\_ 11. Power: \_ (Volts, Phase, Cycle) 12. Type of operation: \_\_\_\_\_ \_\_\_\_ Type of control:\_\_\_\_

## Equipment to be installed, altered, or replaced/repaired will comply with the following codes or standards:

(Collective, Sel-Coll. SAPB, etc.)

(Please check all	codes with which equipment complies)	3		
National Code or Standard		Code Edition		
☐ A17.1: Safety Code for Elevators, Dumbwaiters, Escalators, and Moving Walks		A17.1		
☐ A18.1: Safety Standard for Platform Lifts and Stairway Chairlift		A18.1		
☐ A17.3: Safety Code for Existing Elevators and Escalators		A17.3		
☐ A10.4: Safety Requirements for Personnel Hoist		A10.4		
A90.1: Safety Standards for Manlifts	Building Plan	A90.1		
☐ NFPA 70 (ANSI C1): National Electrical Code	Approval Date:	NFPA		
North Carolina Rules and Regulations  ☐ NCAC 15.0201: Elevator Safety Code (including amendments to A17.1)				
North Carolina State Building Codes				
☐ Volume 1—Chapter 30: Elevators and Conveying Systems				
☐ Volume 1—Chapter 4 (Section 403): Special Provisions for High Rise Buildings				
☐ Volume 1-A (Section 1008): Special Safety to Life Requirements Applicable to Existing High Rise Buildings				
☐ Volume 1-C Chapter 15: N.C. Accessibility Code: Ele	vators and Platform Wheelchair Lift	ts		

Scope of work: Explain in detail alteration(s) or re Code References.	epair/replacement performed and equipment replaced.	Include all associated
Required Documents:  Notarized Contract	Plans and Drawings	
Notarized Contract	Plans and Drawings ined in this application is true and accurate to the best	of his or her knowledge.
Notarized Contract  The undersigned certifies that the information contain	ined in this application is true and accurate to the best	of his or her knowledge.
Notarized Contract  The undersigned certifies that the information contai  E-mail Address:  Company:	ined in this application is true and accurate to the best	of his or her knowledge.
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