



**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.:	_____
Inspector:	_____
County:	_____
FOR OFFICE USE ONLY	
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)

PO#: _____ Inspection fee: \$200.00

1. Electrical contractor: _____ License #: _____
2. Building name & no.: _____ No. of stories: _____
3. New equipment/alteration location: City: _____ County: _____
Street & number: _____ ZIP: _____
4. Owner: _____ City: _____ State _____
Street & number: _____ ZIP: _____
5. Architect: _____ Address: _____ ZIP: _____
6. Building contractor: _____ Address: _____ ZIP: _____
7. Equipment installer: _____ Address: _____ ZIP: _____
8. Equipment manufacturer: _____ Address: _____ ZIP: _____

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 _____
North Carolina Rules and Regulations	
<input type="checkbox"/> NCAC 15.0201: Elevator Safety Code (including amendments to A17.1)	
North Carolina State Building Codes	
<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: _____