

**Iowa Division of Labor
Elevator Safety
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Des Moines, IA 50319-0209
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iowaelevators.gov**

**APPLICATION FOR
INSTALLATION OR
ALTERATION PERMIT**

FOR OFFICE USE ONLY	
Date Received: _____	
Approved _____	Denied _____
Date: _____	By: _____
Permit #: _____	
Comments: _____	

INSTRUCTIONS

Please type or print clearly. No installation or alteration shall begin until a permit has been issued. Submit a separate form for each conveyance. Submit a complete application package in order to prevent delays. Alterations require drawings and specifications for all planned changes. New installations require three copies of the project details set forth in 875 IAC 71.5.

Fee Schedule:

Traction Elevator Installation: \$1,000.00	Hydraulic Elevator Installation: \$750.00	Elevator Alteration: \$500
Escalator Installation: \$1,000.00	Escalator Skirt Brush Alteration: \$500.00	Other Escalator Alteration: \$1,000.00
Wheelchair Lift Installation: \$500.00	Wheelchair Lift Alteration: \$500.00	Dumbwaiter Alteration: \$500.00
Dumbwaiter Installation: \$500.00	Print Revision: \$100.00	Permit Extension: \$100.00

Application Type: **New Installation** **Alteration**
 Complete Replacement of Existing Equipment **Skirt Brush Alteration**

Owner's Name		Owner's Address			
City		State	Zip	Phone	
Building Name		Conveyance Address		City	County Zip
Conveyance Contractor		Contact	Email		Phone
Address		City		State	Zip
General Contractor		Contact	Email		Phone
Address		City		State	Zip
Date Conveyance Contract Signed		Owner ID (Example: North Car #1)			

General

State Tag Number:	Installation Code Year:	Alteration Code Year:	Number of Landings:	Number of Front Openings:	Number of Rear Openings:	
Rated Load: _____ Pounds	Rated Speed: _____ Feet per Minute	Contractor Job Number:		MRL: Yes No		
Type of Equipment:	Passenger Freight A Freight B Freight C1 Freight C2 Freight C3 Sidewalk	Limited Use (LULA) Special Purpose Moving Walk Dumbwaiter Material Lift Escalator				
	Vertical Platform Lift Inclined Platform Lift Restricted (alteration only)					
Type of Drive Unit:	Cable Ball and Socket Chain (Electric) Chained Hydraulic Rack and Pinion Roped Hydraulic	Direct Hydro Screw Traction Winding Drum Other: _____				

Type of Hoistway Doors:	Type of Car Doors:	Number of Ropes:	Size of Ropes:
Manufacturer:	Manufacturer Serial #:	Manufacturer Model # and Model Name:	

Equal Opportunity Employer/Program
 Auxiliary aids and services are available upon request to individuals with disabilities.
 For deaf and hard of hearing, use Relay 711.

Hoistway, Machine Room and Pit

Type Building Code: IBC UBC ASCE 7-97	Fire Rating of Building: None 1 Hr 2 Hr	Type of Operation: Automatic Manual Continuous Pressure	Type of Emergency Communication in Car: Phone Intercom
Type of Hoistway Construction: Concrete Sheetrock Glass Other: _____	Type of Machine Room Construction: Concrete Sheetrock Other: _____	Machine Room Vent: Yes No	
Sump Pump: Yes No	Pit Ladder: Yes No	Hoistway Vent: Yes No	Buffer Type: Poly Spring Oil Bumper Buffer Stroke: _____ Inches
Guide Rail Type: Tee Formed Angle Omega U-Channel Pipe Other: _____	Guide Rail Sizes: _____ Car _____ Counterweight		

Fire Fighters' Service and Fire Safety

Fire Fighter' Service: None Phase I Phase I & II	Location of Remote Fire Recall Key Switches: Machine Room Top of Hoistway Sprinklers: Yes No	Designated Evacuation Level: Pit Sprinklers: Yes No
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Safety Device

Safety Device Type: A B C Other: _____	Speed Governor Type: Centrifugal Fly-Ball Friction Other: _____		
Governor Manufacturer:	Governor Model Number:	Safety Manufacturer:	
Safety Model Number:	Car Safety Switch: Yes No	Slack Rope Switch: Yes No	Counterweight Safeties: Yes No
Compensating Ropes: Yes No	Size of Governor Rope:	Type of Governor Rope:	Ascending Car Overspeed and Unintended Car Movement Protection: Yes No

Electrical

Horsepower:	Power from More than 1 Source: Yes No	Volts (Main):	Phase:
Volts (Battery if Applicable):	Emergency Lowering Only: Yes No	Emergency Stand-by Power: Yes No	

Machine

Machine Type: Single Wrap Double Wrap Geared Traction Gearless Traction	Machine Location: Basement Overhead Remote Pit Top of Hoistway Side	Brake Type: Disc Drum	Car Weight: _____ Pounds
Counter Weight: _____ Pounds	Rope Construction: _____ X _____	Rope Material: Steel Other: _____	Type Rope Fastenings: Babbit Wedge
Hydraulic Control Valve Manufacturer:	Hydraulic Control Model Number:	Drive Sheave or Drum Size: _____ Inches	
Deflection Sheave Size: _____ Inches	Number of Chains: _____	Size of Chains: _____	

I certify that all information is correct

Printed Name of Applicant:	Signature:	Date:
Title:	Phone:	Email:

To be Completed by the State Inspector at the Time of Inspection

Car Top Refuge: _____ Inches	Car Top Runby: _____ Inches	Counterweight Top Runby: _____ Inches	Car Bottom Runby: _____ Inches	Pit Depth: _____ Inches
Pit Refuge: _____ Inches	Counterweight Bottom Runby: _____ Inches	Loaded Speed Down: _____ FPM	Loaded Speed Up: _____ FPM	
Unloaded Speed Up: _____ FPM	Unloaded Speed Down: _____ FPM	Inspector's Signature		Date