

Application for Elevator Licensing Examinations
Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes / Elevator Safety Division
P.O. Box 30255, Lansing, MI 48909
517-241-9337
www.michigan.gov/bcc
E-Mail: elevsafety@michigan.gov

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From: [REDACTED] 702/396311 02/15/15
To: [REDACTED] 02/16/15

Authority: 1997 PA 227, MCL 408.810, MCL 408.812 and MCL 408.816
1979 PA 333, MCL 338.2158, MCL 338.2159 and Rule 408.7019

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

NOTE: You must complete and sign this application, attach the Work Experience Report(s) (BCC-3278), and submit the examination fee to be considered for examination.

APPLICANT INFORMATION

NAME: Christopher V. Preston

ADDRESS: [REDACTED]

TELEPHONE NUMBER: [REDACTED]

Please check the box next to appropriate examination you are applying for:

JOURNEYPerson LICENSE EXAMINATION REQUIREMENTS (NON-REFUNDABLE) \$100.00 FEE

- Applicant must have three (3) years of continuous experience in the class(s) of elevator work in which he/she desires to be licensed.
- A degree in electrical or mechanical engineering may be substituted for one (1) year of experience. A copy of your engineering degree **MUST** be submitted with this application to be considered toward experience.
- It is recommended you provide either a current resume or summary detailing your experience with elevators.
- A Work Experience Report(s) (BCC-3278) must be submitted with this application. More than one report may be needed to show the required work experience.

Choose the appropriate classification applying for:

- A B C - Device Type _____

CERTIFICATE OF COMPETENCY EXAMINATION REQUIREMENTS (NON-REFUNDABLE) \$50.00 FEE

- General Inspector applicants must have three (3) years of experience in elevator construction. Special Inspector applicants must have three (3) years of experience in designing, installing, maintaining or inspecting elevators.
- It is recommended you provide either a current resume or summary detailing your experience with elevators.
- A Work Experience Report(s) (BCC-3278) must be submitted with this application. More than one report may be needed to show the required work experience.

Choose the appropriate classification applying for:

- General Inspector Special Inspector Journeyperson License # _____

ELEVATOR CONTRACTOR LICENSE EXAMINATION REQUIREMENTS (NON-REFUNDABLE) \$100.00 FEE

- Applicant must have five (5) years of experience as an elevator constructor or journeyperson in the type of elevator work for which they desire the license.
- It is recommended you provide either a current resume or summary detailing your experience with elevators.
- A Work Experience Report(s) (BCC-3278) must be submitted with this application. More than one report may be needed to show the required work experience.

Choose the appropriate classification applying for:

- A B C - Device Type _____ Journeyperson License # _____

CERTIFICATION

I hereby certify, that the statements in this application are true and correct. I have not withheld information which might affect decisions to be made on this application. I am aware that a false statement or dishonest answer may be grounds for denial of my application. I hereby authorize the Department of Licensing and Regulatory Affairs and its agents to investigate any statements made by me in this application and work experience report(s).

SIGNATURE OF APPLICANT: *Christopher V. Preston* DATE: 2-16-2015

BCC-3260 (01/15)

Work Experience Report for Elevator Examinations
Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes/Elevator Safety Division
 PO Box 30255, Lansing, MI 48909
 517-241-9337
 www.michigan.gov/bcc
 E-mail: elevsafety@michigan.gov

Authority: 1967 PA 227, MCL 408.610 and MCL 408.612 1976 PA 333, MCL 338.2166	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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The applicant named below is being considered for an Elevator Examination. The information will be used by the Elevator Safety Board to determine qualifications. Please return this form to the applicant after completion so they can submit with their application.

INSTRUCTIONS:

- A Work Experience Report(s) must accompany examination application (BCC-3280).
- Applicant must complete "applicant" information and forward to their verifying reference for completion.
- Reference must complete "reference" information including: dates employed, job duties, types of elevating devices worked on.
- The Work Experience Report must be notarized by the reference AND applicant for the contractor examination applicants only.
- The Work Experience Report must be certified (signed) by the reference of the applicant for both the Journeyperson and Certificate of Competency.
- The comment section is required to be filled out by the reference for Certificate of Competency applicants and optional for Journeyperson and Contractors.

This Section To Be Completed By Applicant: Journeyperson Certificate of Competency Contractor

NAME OF APPLICANT: Christopher V. Preston

APPLICANT'S STREET ADDRESS: _____

This Section To Be Completed By Reference For Applicant Named Above:

NAME OF REFERENCE <u>Scott Henning</u>	NAME OF COMPANY REPRESENTING <u>OTIS</u>	LICENSE NUMBER
REFERENCE'S STREET ADDRESS: _____		

PRESENT EMPLOYER FORMER EMPLOYER Position/Title of Reference: Supervisor

EXACT DATES APPLICANT WAS EMPLOYED (Month, Day, Year) From 10-27-2004 To present

Job Duties

1. NEW CONSTRUCTION

Date(s) Applicant Held This Position _____ Number of Months/Years _____ % of Time Devoted _____

Description of Duties Performed and Equipment Worked On:

2. MAINTENANCE

Date(s) Applicant Held This Position _____ Number of Months/Years _____ % of Time Devoted _____

Description of Duties Performed and Equipment Worked On:

Name of Applicant: Chris Preston

3. MAJOR ALTERATIONS

Date(s) Applicant Held This Position 10-27-14 Number of Months/Years 4 mon. % of Time Devoted 100%

Description of Duties Performed and Equipment Worked On:
Moderzation; Hydraulic, Traction, Residential, Escalators
Wiring, Trouble Shooting, Tearouts, Piping, Car Doors, Operators
C.O.P. Controllers ect.

4. REPAIRING

Date(s) Applicant Held This Position _____ Number of Months/Years _____ % of Time Devoted _____

Description of Duties Performed and Equipment Worked On:

5. ADJUSTING

Date(s) Applicant Held This Position _____ Number of Months/Years _____ % of Time Devoted _____

Description of Duties Performed and Equipment Worked On:

6. TESTING

Date(s) Applicant Held This Position _____ Number of Months/Years _____ % of Time Devoted _____

Description of Duties Performed and Equipment Worked On:

Comments: (Must certify character for Certificate of Competency applicants)

Affidavit (To be completed by reference and applicant for a CONTRACTOR'S EXAMINATION ONLY.)

I _____, being duly sworn, (Signature of Reference) depose(s) and say(s) that I affirm that I have personal knowledge set forth in this work experience report.	Subscribed and sworn before me, this ____ day of _____, 20____, a Notary Public in and for _____ County, Michigan. Signature of Notary Public _____ My Commission expires: _____, 20____.
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I _____, being duly sworn, (Signature of Applicant) depose(s) and say(s) that I affirm that I have personal knowledge set forth in this work experience report.	Subscribed and sworn before me, this ____ day of _____, 20____, a Notary Public in and for _____ County, Michigan. Signature of Notary Public _____ My Commission expires: _____, 20____.
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Certification (To be completed by reference ONLY for Journey person or Certificate of Competency examinations)

I hereby certify, that the statements in this work experience report are true and correct. I have not withheld information which might affect decisions to be made on the applicant. I am aware that a false statement or dishonest answer may be grounds for disciplinary action against my license or may be punishable by law. I hereby authorize the Department of Licensing and Regulatory Affairs and its agents to investigate any statements made by me in this report.

SIGNATURE	DATE
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National Elevator Industry Educational Program

Eleven Larsen Way << Attleboro Falls, MA 02763-1068
 (508) 699-2200 << Fax: (508) 699-2495

Student Certificate Statement

THE NATIONAL ELEVATOR INDUSTRY EDUCATIONAL PROGRAM CERTIFIES THAT

Chris V. Preston Student Certification #: [REDACTED] Hire Date: 6/28/2006

HAS IN ACCORDANCE WITH THE REQUIREMENTS ESTABLISHED BY THE NEIEP BOARD OF TRUSTEES, SUCCESSFULLY COMPLETED THE BELOW CURRICULUM.

NATIONAL DIRECTOR
 Monday, February 16, 2015

4 Years of Required Curriculum have been completed

Apprentice Course	Date Completed	Apprentice Course	Date Completed
100 - Trade Skills	7/13/2007	500 - Installation	7/9/2009
200 - Holstway Structures	7/13/2007	600 - Solid State	6/15/2010
300 - Electrical Fundamentals	7/10/2008	700 - Power & Logic	6/15/2010
400 - Electrical Theory & Application	7/10/2008	800 - Advanced Topics in Elevators	7/9/2009

Mechanic Exam Certificate Granted on 10/23/2014

Other Certificates:

(2009, 24 Hours) Mechanic Exam Review
 (2010, 24 Hours) Mechanic Exam Review
 (2012, 24 Hours) Mechanic Exam Review
 (2013, 24 Hours) Mechanic Exam Review

The curriculum years listed on this certificate only include years for which the student has completed all the required courses as of the date of this statement. Please retain this important record of your completed NEIEP curriculum years.

Under the Family Educational Rights and Privacy Act of 1974, as amended, the information contained on this transcript may not be released to any other party without the written consent of the student.

5/2010



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF CONSTRUCTION CODES
IRVIN J. POKE
DIRECTOR

MIKE ZIMMER
DIRECTOR

March 5, 2015

TO: Members of the Elevator Safety Board
FROM: C.W. Rogler, Chief, Elevator Safety Division
SUBJECT: Variance Request for Waters Building, 161 Ottawa Ave. NW, Grand Rapids.

APPLICANT REPRESENTATIVE:
Paul A. Lytikainen

APPLICANT:
Waters Building
161 Ottawa Ave. NW
Grand Rapids, MI 49503

AUTHORITY:
MCL 4083808(1)(C) of the Elevator Safety Board Act, 1967 PA 227

VARIANCE REQUEST:
A request has been made by Schindler Elevator Corporation to allow the use of 37 inch toe plate on Serial number 22878 in lieu of the required 48 inch toe guards in order to utilize the existing pit depth. Additionally, the floors will be painted caution yellow and signage will be provided to indicate the shortened pit depth in the control room, the elevator pit and also on the 37 inch toe guard.

APPLICABLE CODE SECTION:
ASME A17.1-2010 Section 2.15.9.2.

FINDINGS:
ASME A17.1-2010 Section 2.15.9.2.

RECOMMENDATION:
Staff recommends that this variance be approved only if the board believes reasonable safety will be secured.

Providing for Michigan's Safety in the Built Environment

LARA is an equal opportunity employer
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
P.O. BOX 30254 • LANSING, MICHIGAN 48909
www.michigan.gov/bcc • Telephone (517) 241-9302 • Fax (517) 241-9570

Schindler Elevator Corporation



December 30, 2014

Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes/Elevator Safety Division
P.O. Box 30254
Lansing, MI 48909
Attn: Mr. Calvin Rogler

RE: Waters Building
State Serial #22878 (Permit #TBD)

Dear Mr. Rogler:

On behalf of the owner of the Waters Building, we would like to request a variance to the current code, ASME A17.1 – 2010, Section 2.15.9.2, which requires a 48 inch Toe-guard Plate.

This elevator is scheduled to be upgraded/modernized to improve passenger care, safety and to improve overall reliability. The reason for the variance request is to allow a 37 inch toe-plate (Matching Present Existing Toe-plate) due to the fact that there is limitation on the pit depth. The Waters Building is unable to provide a deeper pit due to existing conditions.

You are in receipt of the elevator layout drawing and permit application.

We request that this request be added as an agenda item for the next meeting of the Elevator Safety Board.

If you have any questions, please do not hesitate to call me.

Very truly yours,

Paul A. Lytkainen
Branch Manager

cc: P. Pawlowski – Schindler Elevator
M. Pawlowski – Schindler Elevator



Bass, Laurie (LARA)

From: Paul.Pawlowski@us.schindler.com
Sent: Wednesday, December 17, 2014 10:43 AM
To: Bass, Laurie (LARA)
Cc: Rogler, Cal (LARA); Paul Lyt
Subject: Waters Building Permit Info
Attachments: Waters - Final Layouts 12-17.pdf

Laurie,
Here are the final layouts for Waters Building in which the new overhead machine room is now correct per sheet 2 of 3.

The original machine room and machine were located in the basement level and are being relocated above the hoistway. The Hoistway from Roof Level down is all existing construction with only adding New Entrances. We will be proceeding with variance request on Elevator #1 (State #22878) for a reduced toe guard height due to a 4' existing pit depth.

Elevator #1 (State #22878)

Items New include,

- 1- New Cab
- 2- Increase travel 1 floor to new roof level
- 3- New Landing Entrances at Rear Levels - 2, 3, 4, 5, 6, and Roof
- 4- New Landing Tracks, hangers and locks
- 5- New Door Operators
- 6- New Controller
- 7- New Machine
- 8- New Rope brake
- 9- New Governor
- 10- New Fixtures (Car and Landing)

Elevator #2 (State #15103)

Items New include,

- 1- New Cab
- 2- Sling and Platform
- 3- New Car Safeties
- 4- Increase travel 1 floor to new roof level
- 5- New Landing Entrances at Rear Levels - 2, 3, 4, 5, 6, and Roof
- 6- New Landing Tracks, hangers and locks
- 7- New Door Operators
- 8- New Controller
- 9- New Machine
- 10- New Rope brake
- 11- New Governor
- 12- New Counter Weight
- 13- New Fixtures (Car and Landing)
- 14- Increase Capacity

Let me know if you have any additional questions on this project?

Regards,

Paul Pawlowski | Superintendent

Application for Permit to Alter Elevator, Dumbwaiter or Escalator

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Michigan Department of Licensing and Regulatory Affairs
 Bureau of Construction Codes / Elevator Safety Division
 P.O. Box 30255, Lansing, MI 48909
 517-241-9337

A-30487
 L-12745

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DO NOT SUBMIT WITHOUT STATE SERIAL NUMBER	
STATE SERIAL NUMBER	72878
PERMIT NUMBER	81592
PERMIT APPROVED BY	DATE

FORMS AND BLUE PRINTS MUST BE SUBMITTED IN TRIPLICATE

Authority: 1967 PA 227 Completion: Mandatory Penalty: \$50.00	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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This form is issued under authority of 1967 PA 227. You must complete this form and return it to the above address with the required fee if you want to alter an elevating device.

Section 15(1). A person, firm or corporation shall not install or alter an elevator without first having obtained a permit from the department. A permit shall be issued only to a person, firm or corporation licensed by the director as an elevator contractor. Permit applications shall be made on forms furnished by the department.

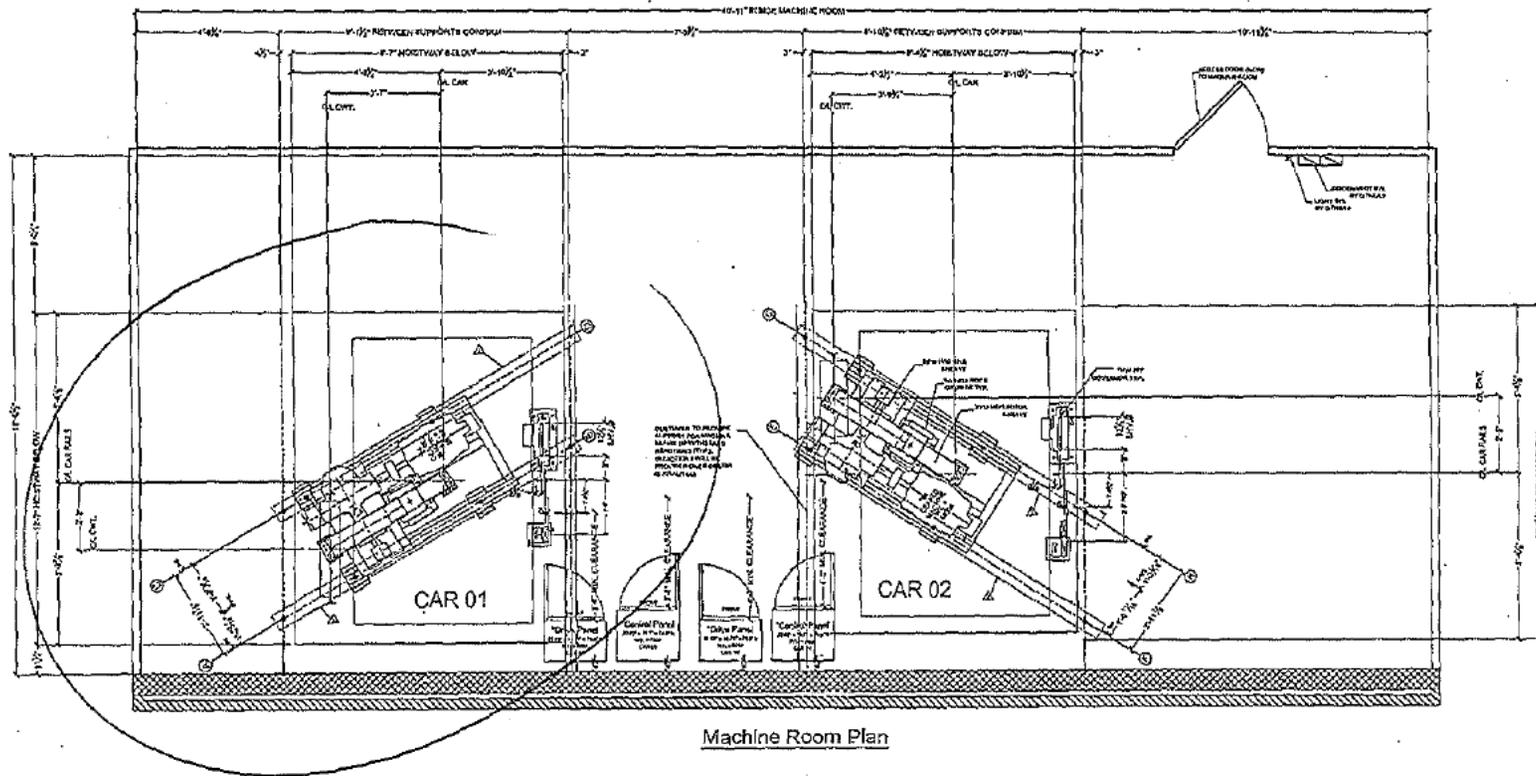
Rule 10. A new, altered, or relocated elevator shall not be placed into service until it has been inspected by, and tested in the presence of, a general inspector, except as provided in section 15 of the act.

ELEVATOR LOCATION (Building Name) WATERS BUILDING		COUNTY KENT	
LOCATION (Address) 161 OTTAWA AVE NW		CITY GRAND RAPIDS	ZIP CODE 49503
BILLING INFORMATION (Owner or Designated Agent) SAME			
BILLING ADDRESS -		CITY -	STATE -
MANUFACTURED BY HAUGHTON		MANUFACTURER'S NUMBER J0959 (CAR #1)	
TYPE OF ELEVATOR <input checked="" type="checkbox"/> PASSENGER <input type="checkbox"/> ESCALATOR <input type="checkbox"/> FREIGHT <input type="checkbox"/> OTHER <input type="checkbox"/> DUMBWAITER	POWERED BY <input checked="" type="checkbox"/> ELECTRIC MOTOR <input type="checkbox"/> HAND POWERED <input type="checkbox"/> OTHER	MACHINE TYPE <input checked="" type="checkbox"/> TRACTION <input type="checkbox"/> HYDRAULIC <input type="checkbox"/> DRUM <input type="checkbox"/> OTHER <input type="checkbox"/> SPROCKET	VOLTAGE 480 <input checked="" type="checkbox"/> A.C. <input type="checkbox"/> D.C.
CAPACITY 4000 LBS	FLOORS TRAVELED 10	RISE IN FEET 96 FT 2 1/4 IN	SPEED 350 FPM
		NO. CAR ENTRANCES 2	NO. OF HOISTWAY ENTRANCES 10
LIST EACH SPECIFIC ALTERATION AS LISTED IN ASME A17.1 SECTION 8.7 REPLACE MACHINE & RELOCATE TO OVERHEAD LOCATION, REPLACE CONTROLLER, DOOR OPERATORS & RELATED EQUIPMENT, FIXTURES, ADD ROPE GRIPPER, REPLACE COMPLETE CAB AND ADD ENTRANCES AT THE ROOF LEVEL & REPLACE ENTRANCES			

CONTRACTOR'S SIGNATURE			
CONTRACTOR'S COMPANY NAME AND BRANCH OFFICE (City) SCHMIDT GRAND RAPIDS	COMPANY NUMBER (582)	CONTRACTOR LICENSE NUMBER 2101980	PERMIT FEE \$ 395.00
CONTRACTOR'S SIGNATURE <i>[Signature]</i>		DATE 10/31/14	

OFFICE USE ONLY

INSPECTOR'S COMMENTS A 10-4-12 CUT 5-8-09		Trans Info: 177 199/2013-2 12/01/14	
INSPECTOR'S SIGNATURE		INSPECTOR NUMBER	DATE



Machine Room Plan

SCALE: 1/4" = 1'-0"

IMPACT	
Symbol	Description
(A)	1/2" DIA. RIGID
(B)	1/2" DIA. FLEXIBLE
(C)	1/2" DIA. RIGID
(D)	1/2" DIA. FLEXIBLE
(E)	1/2" DIA. RIGID
(F)	1/2" DIA. FLEXIBLE
(G)	1/2" DIA. RIGID
(H)	1/2" DIA. FLEXIBLE

BEAM SIZING CHART NEW			
Symbol	Size	Description	Length
(A)	1/2"	WIRE ROPE GUIDE	17'-0"
(B)	1/2"	WIRE ROPE GUIDE	17'-0"

LEGEND - MATERIAL	
Symbol	Description
(1)	CONCRETE
(2)	STEEL
(3)	WOOD
(4)	GLASS
(5)	INSULATION
(6)	MECHANICAL EQUIPMENT
(7)	ELECTRICAL EQUIPMENT
(8)	PLUMBING EQUIPMENT
(9)	HEATING EQUIPMENT
(10)	Cooling Equipment
(11)	Structural Steel
(12)	Structural Concrete
(13)	Structural Masonry
(14)	Structural Wood
(15)	Structural Glass
(16)	Structural Insulation
(17)	Structural Mechanical Equipment
(18)	Structural Electrical Equipment
(19)	Structural Plumbing Equipment
(20)	Structural Heating Equipment
(21)	Structural Cooling Equipment
(22)	Structural Steel
(23)	Structural Concrete
(24)	Structural Masonry
(25)	Structural Wood
(26)	Structural Glass
(27)	Structural Insulation
(28)	Structural Mechanical Equipment
(29)	Structural Electrical Equipment
(30)	Structural Plumbing Equipment
(31)	Structural Heating Equipment
(32)	Structural Cooling Equipment

Schindler

NOT APPROVED FOR INSTALLATION

Schindler Elevator Corporation
 Trane Elevator Products - Marlborough, New Jersey
 Reference-Original - Job No. 14650 Car(s)

JOB NO. 14650
 DATE 11/11/11
 DRAWN BY [Name]
 CHECKED BY [Name]
 APPROVED BY [Name]
 SCALE 1/4" = 1'-0"
 SHEET NO. 2 OF 11
 PROJECT NO. SQJ0959

