

# Application & Specifications for Elevating Device Install Permit

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Michigan Department of Licensing and Regulatory Affairs

Bureau of Construction Codes

P.O. Box 30255, Lansing, MI 48909

517-241-9313

OFFICE USE ONLY	
STATE SERIAL NUMBER	
PERMIT NUMBER	
PERMIT APPROVED BY	DATE

**Note: Application, specifications and plans must be submitted in triplicate.**

Authority: 1967 PA 227	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
Penalty: Failure to provide the information may result in denial of your request.	

**BILLING INFORMATION**

ELEVATOR LOCATION (Building Name)		COUNTY	
LOCATION (Address)		CITY	ZIP CODE
BILLING INFORMATION (Owner or Designated Agent)	BILLING ADDRESS	CITY	STATE
			ZIP CODE
TYPE OF DEVICE	CLASS OF LOADING CLASS _____	MANUFACTURED BY	MANUFACTURER'S NUMBER
TYPE OF CONTROL	CAPACITY _____ LBS	RATED SPEED _____ FPM	RISE OF CAR _____ FT _____ IN
			NUMBER OF LANDINGS

**CAR**

HOW OPERATED FROM CAR <input type="checkbox"/> HAND ROPE <input type="checkbox"/> CAR SWITCH <input type="checkbox"/> AUTO <input type="checkbox"/> PUSH BUTTON		FROM LANDING	DESTINATION - ORIENTED ELEVATOR SYSTEM <input type="checkbox"/> YES <input type="checkbox"/> NO
SIZE OF PLATFORM (Inside) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	NUMBER OF CAR ENTRANCES <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	SAFE EDGE <input type="checkbox"/> YES <input type="checkbox"/> NO	ELECTRIC EYE <input type="checkbox"/> YES <input type="checkbox"/> NO
POWER OPERATED DOOR REOPENING DEVICE <input type="checkbox"/> PROXIMITY <input type="checkbox"/> INFRARED <input type="checkbox"/> OTHER _____		CAR DOORS OR GATES POWER OPERATED <input type="checkbox"/> YES <input type="checkbox"/> NO	
HOISTWAY DOORS ARE <input type="checkbox"/> SEQUENCE <input type="checkbox"/> SIMULTANEOUSLY		EMERGENCY EXITS <input type="checkbox"/> CAR TOP HINGED <input type="checkbox"/> CAR TOP REMOVABLE <input type="checkbox"/> SIDE PANEL	
EMERGENCY EXIT ELECTRIC CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO		TYPE OF CAR SAFETY DEVICE <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> OTHER _____	
POWER DOOR OPERATOR (Manufacturer's Name)		EMERGENCY CALL <input type="checkbox"/> BELL <input type="checkbox"/> TELEPHONE <input type="checkbox"/> OTHER _____	

**CABLES**

NUMBER	HOISTING	GOVERNOR	COMPENSATION	DIAMETER OF SHEAVES		
				DEFLECTOR	CAR	COUNTERWEIGHT
DIAMETER				SLACK CABLE DEVICE LOCATION <input type="checkbox"/> CAR <input type="checkbox"/> MACHINE <input type="checkbox"/> NONE <input type="checkbox"/> OTHER _____		
MATERIAL				FASTENINGS <input type="checkbox"/> TAPERED SOCKETS <input type="checkbox"/> CLIPS <input type="checkbox"/> WEDGE CLAMP		
CONSTRUCTION						
ROPING <input type="checkbox"/> SINGLE WRAPPED 1 TO 1 <input type="checkbox"/> DOUBLE WRAPPED 1 TO 1 <input type="checkbox"/> SINGLE WRAPPED 2 TO 1 <input type="checkbox"/> DOUBLE WRAPPED 2 TO 1						

**MACHINE / CONTROL ROOM**

LOCATION <input type="checkbox"/> OVERHEAD <input type="checkbox"/> BASEMENT <input type="checkbox"/> FIRST FLOOR <input type="checkbox"/> OTHER _____		SELF-CLOSING SELF-LOCKING DOOR PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO	
MACHINE ROOM FULLY ENCLOSED <input type="checkbox"/> YES <input type="checkbox"/> NO	MACHINE TYPE 1. <input type="checkbox"/> CABLE    3. <input type="checkbox"/> ROPED HYDRAULIC    5. <input type="checkbox"/> OTHER _____ 2. <input type="checkbox"/> DIRECT PLUNGER HYDRAULIC    4. <input type="checkbox"/> HAND POWER		POWER 1. <input type="checkbox"/> ELECTRIC 2. <input type="checkbox"/> HAND POWER
TYPE OF DRIVE	TYPE OF BRAKE	TYPE OF BRAKE (Released)	DIAMETER OF SHEAVES / SPROCKETS / PULLEYS DRUM _____ INCHES    TRACTION _____ INCHES
TYPE OF GOVERNOR AND LOCATION		GOVERNOR TRIPPING SPEED _____ FPM	GOVERNOR OVERSPEED SWITCH <input type="checkbox"/> YES <input type="checkbox"/> NO
		PHASE PROTECTION <input type="checkbox"/> YES <input type="checkbox"/> NO	
H.P.	ELECTRIC MOTOR VOLTAGE _____ <input type="checkbox"/> A.C. <input type="checkbox"/> D.C.	OPERATING DEVICE VOLTAGE _____ <input type="checkbox"/> A.C. <input type="checkbox"/> D.C.	DIAMETER OF PLUNGER _____ INCHES
MFG OF PUMP			
FULLY EXPOSED CYLINDER <input type="checkbox"/> YES <input type="checkbox"/> NO	CYLINDER PROTECTION TYPE	SHUTOFF VALVE LOCATION <input type="checkbox"/> PIT <input type="checkbox"/> MACHINE ROOM <input type="checkbox"/> OTHER _____	
		OVERSPEED VALVE <input type="checkbox"/> YES <input type="checkbox"/> NO	

**CONTRACTOR SIGNATURE**

CONTRACTOR'S COMPANY NAME AND BRANCH OFFICE (City)		CONTRACTOR LICENSE NUMBER	DATE	PERMIT FEE \$
CONTRACTOR'S SIGNATURE		PRIMARY EMAIL ADDRESS	SECONDARY EMAIL ADDRESS	

# Application & Specifications for Escalator and Moving Walk Installation Permit

Michigan Department of Licensing and Regulatory Affairs

Bureau of Construction Codes

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Penalty: Failure to provide the information may result in denial of your request.	

**BILLING INFORMATION**

ELEVATOR LOCATION (Building Name)		COUNTY		
LOCATION (Address)		CITY		ZIP CODE
BILLING INFORMATION (Owner or Designated Agent)		BILLING ADDRESS		ZIP CODE
CITY		STATE		ZIP CODE
DEVICE <input type="checkbox"/> ESCALATOR <input type="checkbox"/> MOVING WALK	MANUFACTURED BY	MANUFACTURER'S NUMBER	TRAVEL BETWEEN _____ FLOOR AND _____ FLOOR	TRAVEL DIRECTION <input type="checkbox"/> UP <input type="checkbox"/> DOWN <input type="checkbox"/> HORIZONTAL
RATED STRUCTURAL LOAD _____ LBS	RATED MACHINERY LOAD _____ LBS	RATED BRAKE _____ LBS		NUMBER OF STEPS EXPOSED
OPERATING SPEED _____ FPM	VERTICAL RISE _____ FT _____ IN	HORIZONTAL DISTANCE BETWEEN COMB PLATES _____ FT _____ IN		

**DEVICE**

WIDTH OF DEVICE BETWEEN BALUSTRADES 27" ABOVE TREAD <input type="checkbox"/> 24" <input type="checkbox"/> 32" <input type="checkbox"/> 48" <input type="checkbox"/> _____ IN		WIDTH OF STEPS OR PALLETS <input type="checkbox"/> 16" <input type="checkbox"/> 22" <input type="checkbox"/> 40" <input type="checkbox"/> _____ IN		
BALUSTRADE MATERIAL	STEP OR PALLET TREAD MATERIAL	HANDRAIL MATERIAL	COMB PLATE MATERIAL	
TYPE OF HANDRAIL ENTRY DEVICE		CLEARANCE BETWEEN RISER AND BACK OF TREAD _____ FT _____ IN	LANDINGS AND TREAD ILLUMINATION ADEQUATE <input type="checkbox"/> YES <input type="checkbox"/> NO	
SKIRT DEFLECTOR DEVICE <input type="checkbox"/> YES <input type="checkbox"/> NO	STEP/SKIRT PERFORMANCE INDEX	MAXIMUM LOADED GAP _____ IN	COMB-STEP OR PALLET IMPACT DEVICE <input type="checkbox"/> YES <input type="checkbox"/> NO	DECK BARRICADES <input type="checkbox"/> YES <input type="checkbox"/> NO
HANDRAIL SPEED MONITORING DEVICE <input type="checkbox"/> YES <input type="checkbox"/> NO	SAFETY ZONE <input type="checkbox"/> YES <input type="checkbox"/> NO	SMOKE DETECTORS <input type="checkbox"/> YES <input type="checkbox"/> NO	STEP OR PALLET LEVEL DEVICE <input type="checkbox"/> YES <input type="checkbox"/> NO	MISSING STEP OR PALLET DEVICE <input type="checkbox"/> YES <input type="checkbox"/> NO
STOP BUTTON LOCATION	ADEQUATELY MARKED <input type="checkbox"/> YES <input type="checkbox"/> NO	ANTI-SLIDE DEVICE <input type="checkbox"/> YES <input type="checkbox"/> NO	SKIRT OBSTRUCTION DEVICE TOP <input type="checkbox"/> YES <input type="checkbox"/> NO	BOTTOM <input type="checkbox"/> YES <input type="checkbox"/> NO

**MACHINE**

TYPE OF DRIVE <input type="checkbox"/> WORM GEAR AND SPROCKET <input type="checkbox"/> WORM GEAR		REVERSE PHASE RELAY PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO	MOTOR H.P.	
VOLTAGE _____ <input type="checkbox"/> AC <input type="checkbox"/> DC	OPERATING VOLTAGE _____ <input type="checkbox"/> AC <input type="checkbox"/> DC	GOVERNOR TYPE	TRIPPING SPEED _____ FPM	
ESCALATOR DRIVING-MACHINE BRAKE TORQUE METHOD <input type="checkbox"/> BREAKAWAY <input type="checkbox"/> DYNAMIC		LOCATION <input type="checkbox"/> MOTOR SHAFT <input type="checkbox"/> MACHINE INPUT SHAFT <input type="checkbox"/> MAIN DRIVE SHAFT	MEASUREMENT _____ FT/LB	
GOVERNOR SEALED <input type="checkbox"/> YES <input type="checkbox"/> NO	TEST TAG ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO	REVERSAL STOP DEVICE TYPE	BROKEN DRIVE CHAIN DEVICE TYPE	
CHAINS GUARDED <input type="checkbox"/> YES <input type="checkbox"/> NO	STEP OR PALLET WHEEL DIAMETER _____ IN	TRAILER WHEEL DIAMETER _____ IN	WHEEL TREAD MATERIAL	

**CONTRACTOR SIGNATURE**

CONTRACTOR'S COMPANY NAME AND BRANCH OFFICE (City)	COMPANY NUMBER	CONTRACTOR LICENSE NUMBER	PERMIT FEE \$
CONTRACTOR'S SIGNATURE			DATE

**OFFICE USE ONLY**

**INSPECTOR'S SIGNATURE / COMMENTS**

INSPECTOR'S COMMENTS		
INSPECTOR'S SIGNATURE	INSPECTOR NUMBER	DATE

# Application & Specifications for Permit to Alter Elevating Devices

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DO NOT SUBMIT WITHOUT STATE SERIAL NUMBER	
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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)		COUNTY				
LOCATION (Address)		CITY		ZIP CODE		
BILLING INFORMATION (Owner or Designated Agent)						
BILLING ADDRESS		CITY		STATE	ZIP CODE	
MANUFACTURED BY			MANUFACTURER'S NUMBER			
TYPE OF ELEVATOR <input type="checkbox"/> PASSENGER <input type="checkbox"/> ESCALATOR <input type="checkbox"/> FREIGHT <input type="checkbox"/> OTHER _____ <input type="checkbox"/> DUMBWAITER		POWERED BY <input type="checkbox"/> ELECTRIC MOTOR <input type="checkbox"/> HAND POWERED <input type="checkbox"/> OTHER _____		MACHINE TYPE <input type="checkbox"/> TRACTION <input type="checkbox"/> HYDRAULIC <input type="checkbox"/> DRUM <input type="checkbox"/> OTHER _____ <input type="checkbox"/> SPROCKET		VOLTAGE _____ <input type="checkbox"/> A.C. <input type="checkbox"/> D.C.
CAPACITY _____ LBS	FLOORS TRAVELED	RISE IN FEET _____ FT _____ IN		SPEED _____ FPM	NO. CAR ENTRANCES	NO. OF HOISTWAY ENTRANCES
LIST EACH SPECIFIC ALTERATION AS LISTED IN ASME A17.1 SECTION 8.7						

**CONTRACTOR'S SIGNATURE**

CONTRACTOR'S COMPANY NAME AND BRANCH OFFICE (City)		COMPANY NUMBER	CONTRACTOR LICENSE NUMBER	DATE	PERMIT FEE \$
CONTRACTOR'S SIGNATURE		PRIMARY EMAIL ADDRESS		SECONDARY EMAIL ADDRESS	

**OFFICE USE ONLY**

INSPECTOR'S COMMENTS		
INSPECTOR'S SIGNATURE	INSPECTOR NUMBER	DATE

## List of Elevating Devices

P	=	Passenger Elevator
F	=	Freight Elevator
RES	=	Private Residence Elevator
I	=	Inclined Elevator
IR	=	Private Residence Inclined Elevator
LU/LA	=	Limited-Use/Limited-Application Elevator
LU/LAR	=	Private Residence Limited-Use/Limited-Application Elevator
SW	=	Sidewalk Elevator
R	=	Rooftop Elevator
M	=	Mine Elevator
SPP	=	Special Purpose Personnel Elevator
DW	=	Dumbwaiter
DWR	=	Private Residence Dumbwaiter
ML	=	Material Lift
PR	=	Passenger Residential Location
IRA	=	Inclined Residential Association
VPL	=	Vertical Platform Lift
VPLR	=	Private Residence Vertical Platform Lift
IPL	=	Inclined Platform Lift
IPLR	=	Private Residence Inclined Platform Lift
SC	=	Stairway Chairlift
SCR	=	Private Residence Stairway Chairlift
SED	=	Special Elevating Device
SDR	=	Private Residence Special Elevating Device
SL	=	Sewer Lift
PH	=	Personnel Hoist (ANSI A10.4)
BM	=	Belt Manlift (ASME A90.1)

## Types of Driving Machines

Drum  
Traction  
    Geared  
    Gearless  
Hydraulic  
    Direct Acting  
    Roped  
Rack and Pinion  
Screw-Column  
Spiralift