

Application for Escalator and Moving Walk Installation Permit
 Michigan Department of Licensing and Regulatory Affairs
 Bureau of Construction Codes / Elevator Safety Division
 P.O. Box 30255, Lansing, MI 48909
 517-241-9337

| OFFICE USE ONLY | |
|---------------------|------|
| STATE SERIAL NUMBER | |
| PERMIT NUMBER | |
| 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. |
|---|--|

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

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| INSPECTOR'S COMMENTS | | |
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