



# ELV1: Elevator Application

Please file four (4) copies  
Application must be typewritten

Internal Use Only
Application Number
Date Received

## 1 Filing Status

New Building Application Number  
 New Installation       Alteration  
 Seismic Compliance       Yes       No  
 Replacement / Modification  
 Dismantle       Remove  
 Select One:  
 Electrical Application Number  
 No Electrical Filing Required

## 2 Location Information

Borough: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Block: \_\_\_\_\_  
 Lot: \_\_\_\_\_  
 BIN: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Occupancy Group: \_\_\_\_\_

## 3 Applicant Information

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_ License Number: \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

## 4 Owner Information

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

## 5 Device Information

Elevator Plan Numbers	NYC Elevator Numbers	Elevator Plan Numbers	NYC Elevator Numbers

**Machine Type:**    Hydro       Traction       Other  
**Device Type:**    Passenger       Freight       Escalator       Sidewalk  
                           Moving Walk       Wheelchair Lift       Personnel Hoist       Dumbwaiter  
                           Private Residential Elevator       Conveyor       Other

## 6 Description of Work *For more space, please use A11 Additional Information*

**7 Location Information** Please provide the same information as in section 2

Borough	Address	
Block	Lot	Application Number (if applicable)

**8 General Information**

Types of Motive Power  
 Elevator  AC  DC Main Supply  AC  DC

Travel from Floor: \_\_\_\_\_ to floor: \_\_\_\_\_  
 Total travel: \_\_\_\_\_ feet: \_\_\_\_\_ Number of Stops: \_\_\_\_\_  
 Capacity: \_\_\_\_\_ Lbs. Speed: \_\_\_\_\_ F.P.M.

Elevator Control  
 Resistance  Multi-Voltage  
 Generator Field Control  Solid State

Mode of Operation  Automatic P.B.  Constant Pressure  
 Hoistway  New  Old

NYC Handicap Provisions  
 Fire Emergency Service Phase I & II

**9 Cars and Counterweight**

Car Inside Dimensions: \_\_\_\_\_ feet \_\_\_\_\_ in by \_\_\_\_\_ feet \_\_\_\_\_ in  
 Car Inside Area: \_\_\_\_\_ Sq. feet:

Car Safety Type:  
 Instantaneous  Flexible Guide  Gradual WC

Counterweight Safety Type:  
 Instantaneous  Flexible Guide  Gradual WC

Top Emergency Exit : Min Area \_\_\_\_\_ sq. in Min Side \_\_\_\_\_ in  
 Car Opening:  
 Door  Gate

Operation:  
 Manual  Power  
 Contact Type \_\_\_\_\_ Manufacturer \_\_\_\_\_

**10 Hoistway Opening**

Door  Gate  
 1 1/2 Hr Fire Rated Construction Type

Operation  Manual  Power  
 Self Closing  Facias  
 Vision Panel with Grilles  Vision Panel  
 Interlocks  Locks & Contacts

Interlocks Type: \_\_\_\_\_ Manufacturer: \_\_\_\_\_  
 Number of Openings:  
 Front \_\_\_\_\_ Side \_\_\_\_\_  
 Rear \_\_\_\_\_ Total: \_\_\_\_\_

Self Closing Emergency Doors in Blind Hoistway  
 Interlock in Blind Hoistway

**11 Pit and Buffers**

Car Buffer:  
 Engagement Speed: \_\_\_\_\_ F.P.M. Stroke \_\_\_\_\_ feet \_\_\_\_\_ in  
 Manufacturer: \_\_\_\_\_  
 Type:  Spring  Oil

Counterweight Buffer:  
 Engagement Speed: \_\_\_\_\_ F.P.M. Stroke \_\_\_\_\_ feet \_\_\_\_\_ in  
 Manufacturer: \_\_\_\_\_  
 Type:  Spring  Oil

Compensation Chain Length \_\_\_\_\_ ft.  
 Compensation Rope Length \_\_\_\_\_ ft.

Counterweight Screen  Yes  No  
 Occupied Space Below  Yes  No

**12 Machine and Machine Room**

Location of Machine: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

Machine Type:  OH Worm Gear Traction  Basement Worm Gear  Traction Gearless  
 Oil Hydraulic  Drum  Drum w/Slack Cable Switch

	Quantity	Size	Ultimate Strength	Material		
Hoist Ropes				<input type="checkbox"/> Iron	<input type="checkbox"/> Steel	<input type="checkbox"/> Ultrastrength Steel
Car Counterweight Ropes				<input type="checkbox"/> Iron	<input type="checkbox"/> Steel	<input type="checkbox"/> Ultrastrength Steel
Machine Counterweight Ropes				<input type="checkbox"/> Iron	<input type="checkbox"/> Steel	<input type="checkbox"/> Ultrastrength Steel
Car Governor Ropes				<input type="checkbox"/> Iron	<input type="checkbox"/> Steel	<input type="checkbox"/> Ultrastrength Steel
Counterweight Governor				<input type="checkbox"/> Iron	<input type="checkbox"/> Steel	<input type="checkbox"/> Ultrastrength Steel

Car Governor Location: \_\_\_\_\_ Tripping Speed \_\_\_\_\_ F.P.M. Type  Fly Ball  Centrifugal  
 Counterweight Gover- Location: \_\_\_\_\_ Tripping Speed \_\_\_\_\_ F.P.M. Type  Fly Ball  Centrifugal

**13 Location Information** *Please provide the same information as in section 2*

Borough	Address	
Block	Lot	Application Number (if applicable)

**14 Fee Information**

Estimated Cost: \$ \_\_\_\_\_  Fee Exempt (Proof Required):

**15 Statements and Signatures**

Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

**Replacement / Modification Statement**

I am filing this Replacement/Modification Application for consideration under Operations Policy and Procedures Notice # 26/90. I certify that no electrical or mechanical tests need to be performed in conjunction with this work.

I have assumed responsibility for making inspections during the progress and upon completion of the indicated work. Upon completion I will file Form ELV3 to sign off on the completed work and to remove all applicable violations.

Applicant Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

P.E. / R.A. Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

P.E. / R.A. Seal *(apply seal, then sign and date over seal)*

**16 Insurance Information**

Compensation insurance has been secured in accordance with the requirements of the Workman's Compensation Law as follows:

- Insurance Certificates/Policies on file with the Department of Buildings  Insurance Certificates/Policies submitted with this application

Insurance Company	Certificate/Policy No.	Expiration Date:
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**Internal Use Only**

**Fee Estimator**

Amount Due: \$ _____	Fee Estimator Name: _____
Amount Paid: \$ _____	Signature: _____ Date: _____

**Approvals**

Examined and Recommended for Approval:	Approved:
Examiner Name: _____	Assistant Commissioner's Signature: _____
Signature: _____ Date: _____	