



APPLICATION FOR:

ELEVATOR/ESCALATOR PLAN REVIEW

for the installation, relocation or alteration of equipment
PURSUANT TO HEALTH AND SAFETY CODE, CHAPTER 754

DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW

FEE	RECEIPT NUMBER	EVENT CODE	PMT. AMOUNT	MONEY TYPE
Plan Review		02182		

DO NOT WRITE ABOVE THIS LINE

NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.

Instructions: For all new installations and alterations that include relocation of the driving machine provide **two copies** of the layout drawings as specified in the currently adopted A17.1 Elevator Code. For alterations that do not include relocation of the driving machine provide **two copies** of the scope of work that describes all work to be performed as part of the alteration. Attach layout drawings and scope of work descriptions and the total application fee to this application and submit to the Department at the address shown above.

1. Building Name and Location: STREET ADDRESS MUST BE DESIGNATED BELOW. *(Do NOT use a P.O. Box address.)*

Building Name, Number, Street, Suite No., Apt. No. _____

City _____ State _____ Zip Code _____

2. Contractor Name, Address, and Contractor Registration Number:

Contractor Name _____ Contractor Registration Number _____

Number, Street, Suite No., Apt. No. _____

City _____ State _____ Zip Code _____

Contractor Contact Info.	
Contractor Contact Name _____	
(_____)	_____
Area Code	Telephone Number

3. Check All that apply:

- New Installation in New Building
 New Installation in Existing Building
 Expedited Review
 Alteration

_____ List Existing ELBI# and Decal Number(s)

4. List Units to be Installed or Altered: Use additional sheets if necessary.

Number of Units	Type of Units (Electric, Hydraulic, Escalator, Moving Walk, LULA, Wheelchair Lift)	Comments

5. Fees: Standard: \$200 per unit, maximum fee \$5,000.

Expedited Review: \$1,000 per unit, no maximum fee.

Amending previously approved plans: \$100 per unit, maximum fee \$2,500.

Fee Amount Submitted: _____

Area Below for Department Use Only — Do Not Write in This Area

6. Applicable Code Edition: _____

7. Department Comments:

8. Department Tracking Number: _____ **Application Approved:** Yes No

9. Department Signature:

_____ Signature _____ Date Signed _____