

FOR STATE USE ONLY

RI Account #: _____
 Date: _____
 Check #: _____
 Amount: _____
 Installation Code: _____

**RI Department of Labor & Training
 Division of Occupational Safety
 Elevator Unit
 1511 Pontiac Avenue, P.O. Box 20157
 Cranston, RI 02920-0942
 Telephone: (401) 462-8570 | Fax: (401) 462-8576
www.dlt.ri.gov/occusafe**

 Elevator Unit
 Approved General Layout

Signature of Inspector

APPLICATION FOR PERMIT TO INSTALL/ MODERNIZE VERTICAL DEVICES

An application must be submitted and approved for each unit prior to new installation or modernization. Information as to location, ownership, technical data and drawings must be accurate and complete. All applications and drawings are required to be in duplicate and must be accompanied by a fee equal to **one percent (1%)** of the contract value.

Do you need this exam in a language other than English. Yes No If yes, what language? _____

PLEASE INDICATE TYPE OF DEVICE AND PROVIDE ALL APPLICABLE INFORMATION

Date: _____ 1 % Contract Fee: _____ State ID#: _____

- Elevator Escalator LULA Dumbwaiter Material Lift Vertical Wheelchair lift
 Inclined Stairlift Wind Turbine Elevator Moving Walk VRC Inclined Wheelchair lift
 Other: _____

Elevator number (ex: 1,2,3): _____ Mfg. serial number #: _____

Location of device: _____

Name of user or facility name: _____

Name and Address of owner: _____

Owner's business address: _____

Usage (class type): Freight _____ Pass. _____ Facility usage: Commercial _____ Residential _____

Name and address of installer: _____

Name of manufacturer: _____

Contract price (excluding hoistway construction): \$ _____

Hoistway Data

Number of landings: _____ Number of entrances: front: _____ rear: _____

Material hoistway constructed of: _____ Vented: Yes No

Total car clearance: Top: _____ feet _____ inches Bottom: _____ feet _____ inches

Size of rails: _____ lb. per foot

Total counterweight clearance: Top: _____ feet _____ inches Bottom: _____ feet _____ inches

Size of counterweight rails: _____ lb. per foot

Type of buffers: Car: _____ stroke: _____ Counterweight: _____ stroke: _____

Depth of pit: _____ feet _____ inches Access to pit: _____

Machine Room Data

Location of machine room (roof, floor #): _____ Vented to outside air: Yes No
Temperature maintained between 50 and 100 degrees Fahrenheit: Yes No
All disconnect switches in proper location and accessible: Yes No

Car/Platform Data

Capacity: _____ Contract speed: _____ fpm Total car travel: _____ feet _____ inches
Size of clear floor area: _____ x _____ Clear car height: _____ Number of entrances: _____
Type of car gate or door (vertical, horizontal, folding): _____
Emergency stop switch type: _____ Telephone connected to: _____

Safety Equipment Data

Type of safety device: _____ Location: _____ How is device actuated: _____
Governor location: _____ Governor tripping speed: _____ fpm Governor switch trips at _____
Broken Rope Safety Device: _____ Contacted: Yes No Location: _____

Drive Machine Data

Type: _____ Location: _____ Diameter of sheave/drum: _____
Form of Drive: _____ Direction controlled by: _____
Voltage: _____ AC or DC (check one) Phase Machine Limits: _____ Mech. or Elect.(check one)
Controller or selector driven by: _____ Break type: _____ Diameter of brake drum: _____
Cables: Hoist: Number of cables: _____ diameter: _____ construction: _____ length: _____
Governor: Number of cables: _____ diameter: _____ construction: _____ length: _____

Hydraulic Machine Data

Type of pump: _____ Motor Voltage: _____ AC-DC _____ Phase _____
Working pressure: _____ PSI relief valve setting: _____ PSI _____
Diameter of plunger: _____ Amount of oil: _____ gallons Type of oil: _____

Remarks

I hereby acknowledge that this installation shall be installed in compliance with ASME A17.1 for Passenger and Freight Elevators, ASME B20.1 For Conveyors, ASME A18.1 for Accessibility Devices.

Signature of owner or authorized representative: _____ Date: _____

Please print and return forms & drawings, and mail to above address with check payable to: DLT/Elevator Unit. ALT/MODS - please send a list of each item being altered or changed.



THIS IS AN IMPORTANT NOTICE

If you do not understand the enclosed notice, please contact this office in the RI Department of Labor and Training, Division of Workforce Regulation and Safety to speak with a Spanish interpreter. Spanish interpreters are available to assist you. If you are attending a hearing, you cannot use your own interpreter. The Division of Workforce Regulation and Safety will provide an interpreter for you. It is important that you call the Division of Workforce Regulation and Safety at (401) 462-8570 or (401) 462-8580, at least seven (7) days prior to your hearing to request an interpreter.

The Division of Workforce Regulation and Safety is responsible to provide interpreter services at no cost to you. You are responsible for requesting these services in accordance with the procedures outlined in this notice.

PLEASE NOTE:

Interpreters are available to assist customers in languages other than Spanish. Please contact the Division of Workforce Regulation at (401) 462-8580 or (401) 462-8570 to request an interpreter or written translation in a language other than Spanish.

AVISO IMPORTANTE

Si usted no entiende esta notificación, por favor contacte a la oficina de RI Departamento de Trabajo y Entrenamiento División de Workforce Regulation y Safety para hablar con un intérprete en Español. Interpretes en Español están disponibles para asistirle. Usted no puede usar su propio intérprete si va a asistir a una audiencia. Workforce Regulation y Safety le proveerá un intérprete a usted. Es importante que usted llame al Workforce Regulation y Safety al (401) 462-8570 o (401) 462-8580 por lo menos (7) días antes de su audiencia para solicitar un intérprete.

La División de Workforce Regulation y Safety es responsable de proveer servicios de interpretación sin costo alguno para usted. Usted es responsable de solicitar estos servicios de acuerdo con el procedimiento escrito en esta notificación.

POR FAVOR OBSERVE:

Interpretes están disponibles para asistir a clientes en idiomas, además del Español. Por favor contacte la División de Workforce Regulation, llamando al (401) 462-8580 o (401) 462-8570, para solicitar un intérprete o para traducción escrita en un idioma, además del Español.