



Commonwealth of Kentucky
Public Protection Cabinet
Department of Housing, Buildings and Construction
Division of Building Code
Enforcement Elevator Branch
500 Mero Street 1st Floor
Frankfort, Kentucky 40601-5412
Telephone: 502-573-1694 Fax: 502-573-1059



ELEVATOR CONSTRUCTION & INSTALLATION PERMIT APPLICATION

Application is hereby made to the Elevator Section within the Division of Building Codes Enforcement for one unit as identified below:

ASME A17.1

- | | | | | | |
|---|---|--|--|---|------------------------------------|
| <input type="checkbox"/> Electric Elevator: | <input type="checkbox"/> Freight | <input type="checkbox"/> Passenger | <input type="checkbox"/> Hydraulic Elevator: | <input type="checkbox"/> Freight | <input type="checkbox"/> Passenger |
| <input type="checkbox"/> Screw Column Elevator | <input type="checkbox"/> Sidewalk Elevator | <input type="checkbox"/> Hand Elevator | | | |
| <input type="checkbox"/> Rack & Pinion Elevator | <input type="checkbox"/> Inclined Elevator | <input type="checkbox"/> Special Purpose Personnel | | | |
| <input type="checkbox"/> Escalator | <input type="checkbox"/> LULA | <input type="checkbox"/> Dumbwaiter (power) | | | |
| <input type="checkbox"/> Material Lift with Transfer Device | | | | | |
| <input type="checkbox"/> Private Residential Elevator | | | | | |
| <input type="checkbox"/> <u>Private Residential Lift:</u> | <input type="checkbox"/> Inclined Platform Lift | <input type="checkbox"/> Inclined Wheelchair Lift | <input type="checkbox"/> Stairway Lift | <input type="checkbox"/> Vertical Wheelchair Lift | |
| <input type="checkbox"/> <u>Non-Private Residential Lift:</u> | <input type="checkbox"/> Inclined Platform Lift | <input type="checkbox"/> Inclined Wheelchair Lift | <input type="checkbox"/> Stairway Lift | <input type="checkbox"/> Vertical Wheelchair Lift | |

ASME B20.1

- Vertical Reciprocating Conveyor

Speed (per minute):	fpm	Capacity:	lbs	Feet Unit Travels:	ft
Unit is State Owned:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Floors Unit Travels:		Number of Horsepower of Motor:	
Manufacturer:		Number of Openings:	_____ Front _____ Rear		
Is this permit for construction use only? (Unit is not used for the public use) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

DRIVE OR SUSPENSION MEANS

- | | | |
|--|--|--|
| <input type="checkbox"/> Traction | <input type="checkbox"/> Roped Hydraulic | <input type="checkbox"/> Rack & Pinion |
| <input type="checkbox"/> Direct-Plunge Hydraulic | <input type="checkbox"/> Geared | <input type="checkbox"/> Rope-Sprocket |
| <input type="checkbox"/> Winding Drum | <input type="checkbox"/> Level Hydraulic | <input type="checkbox"/> Coupling |
| <input type="checkbox"/> Chain & Sprocket | <input type="checkbox"/> Screw Column | <input type="checkbox"/> Other _____ |

<u>Location of Unit:</u> Name: Address: Email: Phone Number:	<u>Name of Owner if different from location name</u> Name: Address: Email: Phone Number:
	<u>Elevator Co.</u> Name: Address: Email: Phone Number:
Permit #: Invoice #:	Date of Approval HBC Approval Signature