



CITY OF TULSA ELEVATOR PERMIT APPLICATION

DATE: _____

A/P # _____

Note: Please print or type all data.
One set of plans and specifications are required for new elevator installations.
The applicant must complete this form before the permit can be processed.

- CONSTRUCTION ADDRESS _____
- BUILDING NAME _____
- ACCOUNT NO. (IF APPLICABLE) _____ NO. OF PAGES OF PLANS & SPECIFICATIONS _____
- ELEVATOR CONTRACTOR _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE NO. _____

- EQUIPMENT TYPE: ELEVATOR ESCALATOR DUMBWAITER OTHER (Conveyer, Stage or Orchestra Lift, Man Lift, Moving Walk, Material Lift, Hoist, Etc.) _____
- NATURE OF WORK: NEW INSTALLATION RELOCATION MODERNIZATION (Capacity Change, Control Change, Travel Change, Door Restrictors, Fire Recall, Other) _____
- BUILDING/OWNER NAME: _____ ADDRESS _____
- CITY _____ STATE _____ ZIP _____ PHONE NO. _____
- Automotive Lift Above Ground In Ground OR Use of elevator: Passenger Freight Construction Other _____
- Manufacturer's No. _____ Elevator Unit #: _____
- Rated speed _____ ft. per min. Rated load _____ Lbs.
- Hoisting Cables yes no If yes number of hoisting cables _____
- Travel from bottom to top landing _____ Ft. Number of Levels served _____
- Elevator Type Hydraulic Roped Screwtype Electric Not Applicable Other _____
- Drum or Sheave size _____ Inches (Traction Elevators ONLY)
- Overhead Depth At: Car overhead _____ Ft. Pit depth _____ Ft. Not Applicable
- Horsepower _____ Voltage _____ Starting Amps _____ Running Amps _____ (New Installation Only)
- Roping Type: Warrington Filler-wire Seale (New Installation Traction Elevator Only) Roping Size: _____ Inches
- Car Safety Wedge Type: Instantaneous Wedge clamp Gradual Wedge (New Installation Traction Elev. Only)
- Safety cable /Rope type Iron Steel Safety cable /Rope Size _____ Inches (New Installation Traction Elev. Only)
- Door Type: Horizontal Vertical (Elevator Only)
- Operation Manual Power (Elevator Only)

UPON APPROVAL OF THIS APPLICATION, IT IS AGREED THAT THIS EQUIPMENT WILL CONFORM TO THE CODE REGULATING ELEVATORS, ESCALATORS OR DUMBWAITERS IN THE CITY OF TULSA, STATE OF OKLAHOMA. THIS EQUIPMENT SHALL NOT BE OPERATED UNTIL THE CODE IS SATISFIED AND THE ELEVATOR INSPECTOR ISSUES A CERTIFICATE OF COMPLIANCE.

(EXPLAIN PROPOSED ALTERATIONS TO EXISTING EQUIPMENT ON THE REVERSE SIDE.)

The following signature certifies that all data is true and correct.

Signature: _____ Date: _____