



West Rockhill Township  
 1028 Ridge Road  
 Sellersville, PA 18960  
 Phone 215-257-9063  
 Fax 215-257-0701

# WEST ROCKHILL TOWNSHIP ELEVATOR SUBCODE TECHNICAL SECTION



Date Received  
 Control #  
 Date Issued  
 Permit #

**A. IDENTIFICATION—APPLICANT:** COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_

Work Site Location \_\_\_\_\_

Owner in Fee: \_\_\_\_\_

Tel. \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_  
street municipality zip code

Contractor/Installer: \_\_\_\_\_ Tel. \_\_\_\_\_

Address \_\_\_\_\_ e-mail \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_ FAX: \_\_\_\_\_

Maintenance/Service Contractor \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ e-mail \_\_\_\_\_

Tel \_\_\_\_\_ FAX \_\_\_\_\_

**B. ELEVATOR CHARACTERISTICS**

Building Use Group \_\_\_\_\_ Building Registration No. \_\_\_\_\_

Manufacturer \_\_\_\_\_ Device I.D. \_\_\_\_\_

Machine Room Location \_\_\_\_\_

No. of Stops \_\_\_\_\_ No. of Openings \_\_\_\_\_

Travel (ft.) \_\_\_\_\_ Speed (f.p.m.) \_\_\_\_\_

Type of Control \_\_\_\_\_ Type of Operation \_\_\_\_\_

Passenger \_\_\_\_\_ Freight \_\_\_\_\_

Capacity (lbs.) \_\_\_\_\_

Year of Installation \_\_\_\_\_ Year of Alteration \_\_\_\_\_

Estimated Cost of Elevator Work \$ \_\_\_\_\_

JOB SUMMARY (Office Use Only)							
PLAN REVIEW			INSPECTIONS				
			Dates (Month/Day)				
<input type="checkbox"/>	<input type="checkbox"/>	No Plans Required	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/>	<input type="checkbox"/>	Building Plans and Elevator Specs.	Temporary	_____	_____	_____	_____
Date:	_____	Approved by:	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Elevator Layout Drawings	Final	_____	_____	_____	_____
Date:	_____	Approved by:	_____	_____	_____	_____	_____
Joint Plan Review Required:			SUBCODE APPROVAL for CERTIFICATE				
<input type="checkbox"/>	<input type="checkbox"/>	Bldg.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Elec.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Plumb.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Fire.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBCODE APPROVAL for PERMIT			SUBCODE APPROVAL for CERTIFICATE				
Date:	_____	Approved by:	Date:	_____	Approved by:	_____	_____
Approved by:	_____	_____	Approved by:	_____	_____	_____	_____

**C. CERTIFICATION IN LIEU OF OATH**

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here: \_\_\_\_\_

Print name here: \_\_\_\_\_

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

QTY.	ITEM
_____	Traction or Winding Drum
_____	1 to 10 Floors
_____	Over 10 Floors
_____	Hydraulic
_____	Roped Hydraulic
_____	Escalator/Moving Walk
_____	Dumbwaiter
_____	Stairway Chairlift, Inclined and
_____	Vertical Wheelchair Lifts and Man Lifts
_____	Oil Buffers
_____	Counterweight Governor and Safeties
_____	Auxiliary Power Generator
_____	Alterations
_____	Other _____
_____	Other _____

**FEE (Office Use Only)**

\$ _____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Administrative Surcharge \$ _____
State Permit Surcharge Fee \$ _____
<b>TOTAL FEE \$ _____</b>