



STATE OF WISCONSIN
Department of Safety and Professional Services

Division of Industry Services
141 NW Barstow St
Waukesha, WI 53188-3789

Governor Scott Walker Secretary Dave Ross

Phone: (262) 548-8600
Fax: (262) 548-8614

To: Customers of the Division of Industry Services (formerly Safety & Buildings),

Effective 9/12/13 the voucher process has been suspended. If you are sending printed plans to the address above for review, there are two options: 1). including a check with the submitted materials or 2). requesting to be invoiced. Include at least 3 copies of the completed application form.

If you are submitting plans for review electronically, payment must be by invoice. Complete the application form including your SharePoint Login ID in the space provided. Send 1 completed application form to DSPSsbPlanSchedule@wi.gov

The following are required for review in printed or electronic form:

A). New installations – Conveyances Installed to Serve Commercial Buildings

- 1). Plans or shop drawings stapled together as a set showing the following:
 - a). For elevators, platform lifts and stairway chair lifts, a plan of the car, hoistway or runway and machine room (where applicable) showing all clearances, including all inside car or platform dimensions.
 - b). For elevators, platform lifts and stairway chair lifts, a section through the hoistway or runway, pit and car or platform showing all applicable dimensions. All landings shall be clearly shown indicating types of hoistway or runway doors or gates.
 - c). For elevators, escalators and moving walks, a complete dimensioned layout of the machine room or machinery space including working clearances around machine, controller and disconnecting means showing dimensions to walls and equipment.
 - d). For elevators, the size and weight per foot of guide rails and details of their support, including reinforcement where required.
 - e). For platform lifts and stairway chair lifts, a copy of the architectural plans showing landing areas with clearance to adjacent walls or other obstructions.
- 2). Indication of Review by Building Designer. The equipment shop drawings shall be stamped with the building designer's (architect's) shop drawing stamp and signed. In lieu of a shop drawing stamp, a statement of approval with the building designer's original signature may appear on the drawings. At least one set of shop drawings must contain an original stamp or statement and signature, not a photocopy.
- 3). A copy of a letter from the State of Wisconsin, Department of Safety and Professional Services, Div of Industry Services, a certified municipality or other approved plan review agency verifying that the building construction or alteration plans have been approved. Approval may be from the Department of Health Services for medical facilities including hospitals and nursing homes.
- 4). The appropriate fee if paying by check.

B). New installations – Conveyances Installed to Serve Single Dwellings

- 1). Elevator or dumbwaiter plans or shop drawings as above.
- 2). The appropriate fee if paying by check.

C). Covered Alterations, Repairs, Replacements to Existing Conveyances (See SPS 318.1013).

- 1). At least one of the following:
 - a). A list of code sections of ASME A17.1, 8.7 or ASME A18.1 that are being altered. Complete the application form Box 7.
 - b). A detailed project description of items to be altered.
 - c). A project specification.
- 2). If alteration is listed in Tables SPS 318.1013-1, 318.1013-2, 318.1013-3, Item **A1** above is also required.
- 3). If alteration includes a change to the building structure, structural loading, fire rating, accessibility or accessible route, exiting or egress, items **A2** and **A3** above are required.
- 4). The appropriate fee if paying by check.

PLEASE DO NOT SUBMIT THIS PAGE WITH APPLICATION FORM



APPLICATION FOR REVIEW ELEVATORS, ESCALATORS AND RELATED CONVEYANCES

-Complete both sides-

Division of Industry Services
141 NW Barstow St
Waukesha, WI 53188-3789
Phone: (262) 548-8600
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Please type or print clearly. Information on this form is important for providing you with timely and efficient review of your project. Complete submittals prevent delays in processing and reviewing your project. Except for Emergency Repairs, no work may commence until approved. See SPS 318.1009(1) and SPS 302.15.

Scheduling Review: Your plan will be reviewed in the order it was received or you may schedule the review. To schedule, fax completed form to (877) 840-9172 or e-mail to DSPSSbPlanSchedule@Wi.gov. You will receive a confirmation letter with an appointment date. Plans must be received in this office no later than 2 working days before the confirmed appointment.

<p>1. Use (check one)</p> <p>Commercial Bldg./ Shared Elevator</p> <p><input type="checkbox"/> Passenger Elevator</p> <p><input type="checkbox"/> Freight Elev. (circle class) A B C1 C2 C3</p> <p><input type="checkbox"/> Inclined Elevator</p> <p><input type="checkbox"/> Limited Use (LULA) Elev.</p> <p><input type="checkbox"/> Power Sidewalk Elevator</p> <p><input type="checkbox"/> Special Purpose Pers. Elev</p> <p><input type="checkbox"/> Part V Elev. (remod only)</p> <p><input type="checkbox"/> Stage Elevator</p> <p>Dumbwaiter / Material Lift</p> <p><input type="checkbox"/> Dumbwaiter</p> <p><input type="checkbox"/> Type B Material Lift</p> <p>Moving Stair / Walk</p> <p><input type="checkbox"/> Escalator</p> <p><input type="checkbox"/> Moving Walk</p> <p>Lift</p> <p><input type="checkbox"/> Vertical Platform Lift</p> <p><input type="checkbox"/> Inclined Platform Lift</p> <p><input type="checkbox"/> Stairway Chair Lift</p> <p>Date of Contract (between elevator contr. and owner)</p>	<p>Single Residential Dwelling Elevator</p> <p><input type="checkbox"/> Residential Elevator</p> <p><input type="checkbox"/> Residential Inclined El.</p> <p><input type="checkbox"/> Passenger Elevator</p> <p><input type="checkbox"/> Freight Elev. (circle) A B C1 C2 C3</p> <p><input type="checkbox"/> Inclined Elevator</p> <p><input type="checkbox"/> Limited Use (LULA) El.</p> <p>Dumbwaiter</p> <p><input type="checkbox"/> Dumbwaiter</p> <p>Note: Plan review and inspection of elevators and dumbwaiters in private residences is required for contract dates on or after January 1, 2009. This is based on the date of contract between elevator installer and home owner, builder or developer.</p>	<p>2. Type of Submittal:</p> <p><input type="checkbox"/> New Installation</p> <p><input type="checkbox"/> Complete replacement of existing elevator, lift, escalator, etc</p> <p><input type="checkbox"/> Alteration or Repair</p> <p><input type="checkbox"/> Emergency Repair State Tag or Regulated Object No. of existing unit: (See box 7, page 2)</p> <p>3. Project Site Information</p> <p>Project Name:</p> <p>Project Address:</p> <p><input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of:</p> <p>County:</p> <p>Elevator Number, tenant name and / or building designation</p> <p>4. After plans are reviewed, please: (check all that apply)</p> <p><input type="checkbox"/> Requesting party will pick up.</p> <p><input type="checkbox"/> Mail plans to customer 1, 2, 3, 4 (circle number here)</p> <p><input type="checkbox"/> Plans to be E-filed (enter SharePoint ID below in Customer 1)</p>
		<p>Building Plan Rev. Trans ID:</p> <p>Previous Related Petition for Variance Transaction ID Number (where applicable).</p> <p style="text-align: center;">For office use only</p> <p>Transaction ID:</p> <p>Assigned Review Date:</p> <p>Assigned Reviewer:</p> <p>Assigned Office:</p>

5. Complete the following installer and owner information.

Elevator Installer / Contractor Information (Customer 1)			Requesting Party if different than Installer (Customer 3)		
First Name	Last Name	Customer Number	First Name	Last Name	Customer Number
Company Name			Company Name		
License Number (valid Contractor license number required)			Address		
Address			City	State	Zip code
City	State	Zip code	Phone	Fax	E-mail address
Phone	Fax	E-mail address			
SharePoint ID (for Electronic Plan Review)					
Owner Information (Customer 2)			Other (Customer 4)		
First Name	Last Name	Customer Number	First Name	Last Name	Customer Number
Company Name			Company Name		
Address			Address		
City	State	Zip code	City	State	Zip code
Phone	Fax	E-mail address	Phone	Fax	E-mail address
Check if applicable			Check if applicable		
<input type="checkbox"/> Payer			<input type="checkbox"/> Payer <input type="checkbox"/> Manufacturer <input type="checkbox"/> Other		

Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04(1)(m)]

6. General Equipment Information (Complete ALL applicable information)

Number of Landings: Number of car or platform openings: Note: Car or platform openings (doors/gates) are counted from inside the elevator, dumbwaiter or lift. Number of car or platform openings does not usually equal the number of landings and is rarely more than 2.	Type of Drive Unit: <input type="checkbox"/> Rack and pinion <input type="checkbox"/> Cable Ball & Socket <input type="checkbox"/> Chain (electric) <input type="checkbox"/> Chained hydraulic <input type="checkbox"/> Direct hydraulic <input type="checkbox"/> Direct hydr - mach. room less <input type="checkbox"/> Hand <input type="checkbox"/> Roped hydraulic <input type="checkbox"/> Screw <input type="checkbox"/> Traction – penthouse <input type="checkbox"/> Traction – basement <input type="checkbox"/> Traction – machine room less <input type="checkbox"/> Winding drum	Rated Load (lbs): Suspension Means: <input type="checkbox"/> Elevator Wire Rope <input type="checkbox"/> Aircraft Cable <input type="checkbox"/> Kevlar Rope <input type="checkbox"/> Non-Circular Coated Steel <input type="checkbox"/> Chain Number of Susp. Means: Size of Susp. Means:
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7. Replacement, Alteration or Emergency Repair Complete all information in Box 6 above and any items in Box 8 that are changing as part of this project. Describe the scope of the project in this space. If more space is needed, attach a project specification or project description.

8. Specific Equipment Information (Complete ALL applicable information)

Hoistway / Runway and Car / Platform	Speed Up fpm	Speed Down fpm	Overhead Clear. ft. in.	Pit Depth ft. in.	Total Travel ft. in.	Car Inside Dimension x	Car Wt. lb	Total Wt. lb	Operation
	Top Runby in.	Bottom Runby in.	Buffer Stroke in.	Buffer Type <input type="checkbox"/> Spring <input type="checkbox"/> Oil <input type="checkbox"/> Bumper	Guide Rail Type <input type="checkbox"/> Tee <input type="checkbox"/> Formed <input type="checkbox"/> other	Guide Rail Sizes Car Cwt			
Machine	Machine Type	Mach. Location	Primary Brake Type	Emerg. Brake Type	Sheave Size In.	Rope Const.	Hydraulic Control Valve Manuf. Model no.		
Electrical	H. P. 0	Volts – main	Phase	On Emerg / Stand-by Power <input type="checkbox"/> Yes <input type="checkbox"/> No	Batt. Emerg. Lowering Only <input type="checkbox"/> Yes <input type="checkbox"/> No	Batt. powered - Up / Down <input type="checkbox"/> Yes <input type="checkbox"/> No	Volts - Battery (if battery powered)		
Safety / Governor/ 2.19 device	Safety Type <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> other	Approved Cap. (lbs.)	Safety Manufacturer Safety Model No.	Governor Type <input type="checkbox"/> Non Fly-ball <input type="checkbox"/> Fly-ball <input type="checkbox"/> Friction <input type="checkbox"/> other	Gov. Manufacturer Gov. Model No.	Slack Rope/ Chain Swtch <input type="checkbox"/> Yes <input type="checkbox"/> no	2.19 device Manufacturer Model No.		
Fire Serv. / Fire Safety	Fire Fighter's Service <input type="checkbox"/> None <input type="checkbox"/> Phase I <input type="checkbox"/> Phases I & II		Location of Any Remote Fire Recall Key Switches	Designated Evac. Level	Alternate Evac. Level	Sprinklers in: Machine/Control Room Top of Hoistway /Runway	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Fees

For Map showing State-inspected counties and Private-inspected counties, please see http://Elevator/Conveyance Map.pdf	New installation or complete replacement of an existing conveyance						Alteration, repair or modernization of existing	
	In county with State Inspection			In county where Private Inspector will bill for inspection			In county with State Inspection - Total Fee	In county where Private Inspector will bill for Insp. - Total Fee
	Plan Review & Initial Insp. Fee	Permit to Operate Fee	Total Fee	Plan Review Fee	Permit to Operate Fee	Total Fee		
Pass. or Freight Elevator : Traction or drive machine other than hydraulic	\$1200	\$50	\$1250	\$400	\$50	\$450	\$600	\$200
Residential, LULA, Special Purpose, Sidewalk or Stage Elevator, Lift or Dumbwaiter : Hydraulic driving machine	\$1040	\$50	\$1090	\$320	\$50	\$370	\$520	\$160
Escalator or Moving Walk	\$960	\$50 *	\$1010 *	\$320	\$50 *	\$370 *	\$480	\$160
	\$1120	\$50	\$1170	\$320	\$50	\$370	\$560	\$160

* Elevators and dumbwaiters serving single dwelling units are not required to have an annual permit to operate. For these new installations, Total Fee is \$960.00 in State Inspector counties and \$320 in Private Inspector counties. Private Inspector will bill separately for inspection(s).

If paying by check, make payable to Div. of Industry Services

Or check this box to invoice Installer/ Contractor (required with Electronic Plan Review)

Total Amt: \$

10. Applicant Signature: I certify all the above statements are true and accurate to the best of my knowledge and belief

Signature

Title

Date Signed