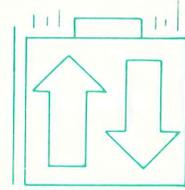


**CITY OF BAYONNE**  
 Department of Engineering  
 630 Avenue "C"  
 Bayonne, New Jersey 07002

**ELEVATOR  
 SUBCODE  
 TECHNICAL SECTION**



Date Received \_\_\_\_\_  
 Date Issued \_\_\_\_\_  
 Control # \_\_\_\_\_  
 Permit # \_\_\_\_\_

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

Block \_\_\_\_\_ Lot \_\_\_\_\_

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

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

Address \_\_\_\_\_

Tele. (\_\_\_\_) \_\_\_\_\_

Contractor/Installer \_\_\_\_\_

Address \_\_\_\_\_

Tele. (\_\_\_\_) \_\_\_\_\_

Federal Emp. No. \_\_\_\_\_ or Social Security No. \_\_\_\_\_

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

Address \_\_\_\_\_

Tele. (\_\_\_\_) \_\_\_\_\_

**B. ELEVATOR CHARACTERISTICS:**

Building Use Group \_\_\_\_\_

Manufacture \_\_\_\_\_

Machine Rm. 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/Major Alteration \_\_\_\_\_

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

**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.

\_\_\_\_\_  
 Signature DATE \_\_\_\_\_

**D. TECHNICAL SITE DATA** (For Routine or Periodic Inspections List State Registration Number for All Devices.)

NO.	ITEM	FEE (Office Use Only)
_____	Traction or Winding Drum	_____
_____	1 to 10 Floors	_____
_____	Over 10 Floors	_____
_____	Hydraulic	_____
_____	Roped Hydraulic	_____
_____	Escalator/Moving Walk	_____
_____	Dumbwaiter	_____
_____	Stairway Chairlift, In- clined & Vertical Wheel- chair Lifts & Man Lifts	_____
_____	Oil Buffers	_____
_____	Counterweight Governor & Safeties	_____
_____	Aux. Power Generator	_____
_____	Alterations	_____
_____	Other	_____
_____	Other	_____

**JOB SUMMARY (Office Use Only)**

[ ] No Plan Review  
 Joint Plan Review Required:  
 [ ] Bldg. [ ] Plumb.  
 [ ] Fire [ ] Elec.  
 [ ] Elevator Plans Approved  
 Date: \_\_\_\_\_  
 Approved by: \_\_\_\_\_

INSPECTIONS: Dates (Month/Day)  
 Type: Failure Failure Approval Initial  
 Temp. Const. ID # \_\_\_\_\_  
 Final \_\_\_\_\_

SUBCODE APPROVAL: CC [ ] TCC [ ]

Date: \_\_\_\_\_

Approved By: \_\_\_\_\_

Administrative Surcharge \$ \_\_\_\_\_  
 Certificate of Compliance \$ \_\_\_\_\_  
 Paid [ ] Check # \_\_\_\_\_ DCA Training Fee \$ \_\_\_\_\_  
 Collected by \_\_\_\_\_ TOTAL FEE \$ \_\_\_\_\_