

# Request for an Elevator Adjudication Order



Mail this request form to:  
State of Ohio, Department of Commerce  
**Elevator Inspection Section**

6606 Tussing Rd P.O. Box 4009  
Reynoldsburg, OH 43068-9009 Phone 614-387-2626 Fax 614-995-0792

**John R. Kasich**  
Governor

**David Goodman**  
Director

**(Do not send fees until directed by an adjudication order)**

*All Fields are required (Owner will be notified by Certified Mail Applicant if other than the owner will be notified by Fax)*

Instructions: This request form must be filled out in its entirety before the adjudication order can be processed. For new installations, an adjudication order will not be issued unless a state ID number has been assigned. A State ID number will only be issued if the installation application and two sets of plans with the proper fees are included. **Please Type or Print**

Name of Firm or Person Applying for the Variance: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Owners Name (Required): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of the Building: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Type of Unit: \_\_\_\_\_ Power Type: \_\_\_\_\_

State ID Number(s) of the elevator devices: \_\_\_\_\_

This is for (Check only one)     New Construction                       Alteration

List the Variance Items: (include code references + attach inspection report)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Internal use only