



Elevator Device Installation & Alteration Application

One set of plans/layout and other supporting documents indicating compliance with the current adopted standards must be submitted with new installations.

- Fees must be submitted at the time of the application via credit card or check payable to: Treasurer, State of Ohio.
- New Installations and Alterations shall be used and installed for their intended use per applicable ASME standards.
- NO Certificate of Operation will be issued until installation/alteration has been inspected and passed final inspection.
- One application per unit, **incomplete applications will not be approved.**

Completed applications can be mailed or sent electronically to:
Email: elevators@com.ohio.gov or Fax: 614-644-2428

Location of Elevator		Owner Elevator ID #:	
Building Name:		Address:	
City:		ZIP:	County:
Owner/Billing Address		Contact:	Phone:
Building Name:		Address:	
City:		State:	ZIP: Email:
Company Applying for Permit		Contact:	Phone:
Company:		Address:	
City:		State:	ZIP: Email:

I hereby agree that if this application is approved and a permit is issued, this unit will conform in every detail to the code requirements set forth by the Ohio Elevator Section and ORC 4105. **Signature:** _____ **Date:** _____

Type of Unit:(Check One)	Type of Drive: (Check One)	Permit Details	
<input type="checkbox"/> Passenger	<input type="checkbox"/> Traction	New Installation (Fee: \$378.25)	
<input type="checkbox"/> Freight	<input type="checkbox"/> Drum	Alteration (Fee: \$203.25)	
<input type="checkbox"/> Escalator	<input type="checkbox"/> Direct Hydraulic	Capacity (lbs):	
<input type="checkbox"/> LULA (limited use / limited access)	<input type="checkbox"/> Roped Hydraulic	Speed (fpm):	
<input type="checkbox"/> Dumbwaiter	<input type="checkbox"/> Rack & Pinion	Total travel (ft):	
<input type="checkbox"/> Vertical Platform Lift (A18.1 section-2)	<input type="checkbox"/> Belt	Total Floors served:	
<input type="checkbox"/> Incline Platform Lift (A18.1 section-3)	<input type="checkbox"/> Chain / Rope & Sprocket	Front Landings:	
<input type="checkbox"/> Chairlift (A18.1 section-4)	<input type="checkbox"/> Screw	Rear Landings:	
<input type="checkbox"/> Sidewalk lift	Other:		
<input type="checkbox"/> Special Service	Manufacture:	Is this unit within the city limits of Cincinnati or Cleveland?	Yes No
<input type="checkbox"/> Belted Man-lift	Manufacture Model:	Is This Unit replacing another?	Yes No
<input type="checkbox"/> Stage Lift	MRL: Yes No	If Yes State – ID # _____	
<input type="checkbox"/> Other:			

Alteration to an existing unit	List the current State ID #: _____
List all items being altered and/or will be affected by the alteration:	

FOR OFFICE USE ONLY	Approved / Denied by: _____ Date: _____	Permit #:
Comments:		STATE ID #: