



Request for an Extension to Compete Violations

Sent electronically to: Email: elevators@com.ohio.gov Fax: 614-644-2428

- Recent inspection of the below referenced elevator revealed violations to the Ohio Elevator Code and ASME A17.1.
- Failure to correct violations within 30 days may cause removal of operating privileges.
- Within thirty (30) days, please respond either by signing and returning the letter noting the corrected violations or submit a request for extension to complete the violations is required.
- No response is required for "ADVISORY" violations.
- You may want to consult with your elevator service provider on uncorrected items requiring additional time.

Owner ID #:		State ID #:	
Location:		Address:	
City:	Zip:	Phone:	County:

Company applying for extension:		Person performing work:	
Address:		Signature:	
City:	Zip:	Phone:	Date:

Type of Unit (check <u>one</u>)		Type of Driving Means (check <u>one</u>)	
<input type="checkbox"/> Passenger	<input type="checkbox"/> Sidewalk Freight	<input type="checkbox"/> Traction	<input type="checkbox"/> Chain & Sprocket
<input type="checkbox"/> Freight	<input type="checkbox"/> Stage Lift	<input type="checkbox"/> Winding Drum	<input type="checkbox"/> Screw
<input type="checkbox"/> LULA	<input type="checkbox"/> Escalator	<input type="checkbox"/> Direct Hydraulic	<input type="checkbox"/> Other:
<input type="checkbox"/> Dumbwaiter	<input type="checkbox"/> Platform Lift	<input type="checkbox"/> Roped Hydraulic	
<input type="checkbox"/> Special Service	<input type="checkbox"/> Chair Lift	<input type="checkbox"/> Rack & Pinion	
<input type="checkbox"/> Other _____		<input type="checkbox"/> Belt	

Request Type: <i>(check <u>one</u>)</i>	<input type="checkbox"/> Initial
	<input type="checkbox"/> Extension

Length of Request: <i>(check <u>one</u>)</i>	<input type="checkbox"/> 10 Days
	<input type="checkbox"/> 30 Days
	<input type="checkbox"/> 60 Days

List the specific violations and corresponding reason(s) for the request in addition to the actions taken to assure compliance.

Violation(s):

Reason for extension:

Actions taken to assure compliance:

FOR OFFICE USE ONLY		Permit #:	
Approved by: _____	Denied by: _____	State ID #:	
Date: _____	Reason for denial: _____	Invoice #:	