



Request to Schedule Elevator Device Inspection

Completed request can be mailed or

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

- Allow 48 hours for a response to your request. ***Only permit holder can request an inspection.**
- All inspection and re-inspection requests will be scheduled based upon inspector availability.
- Scheduling hours are from 7 a.m. to 4 p.m.
- Inspector off-hour inspections (over time) require a separate written request. \$60/hour with a minimum of four hours.
- No Certificate of Operation will be issued until installation/alteration has been inspected, all fees and appropriate forms submitted, and passed final inspection.

Permit #:	Owner ID#:	State ID#:
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Location of Elevator

Building Name:	Address:	
City:	Zip:	County:

Company Making Request (must be the permit holder)	Contact:	Phone:
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Company:	Email:
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I hereby acknowledge that the elevator device has been reviewed for violations prior to requesting the inspection and a punch list will not be provided. [Common Violation check list](#) is available on our website. It is understood that all fees, forms and a state of Ohio inspection must be filed before a certificate of operation will be issued as outlined in O.R.C. section 4105. **No Person** may use the elevator device to haul materials, furniture or persons not directly related to the construction of the lift until a certificate is issued. The **permit holder will be held responsible** to safeguard the elevator device from use until a certificate of operation is issued.

Signature: _____ Date: _____ Request Date(s) and Time(s)

Notes:	Date:	Time:
	Date:	Time:
	Date:	Time:

Type Inspection requested (Check One)		Yes	No	NA
<input type="checkbox"/> Acceptance	Have life safety devices been pre-tested (Phase 1, Smokes, Heats, etc.)			
<input type="checkbox"/> Acceptance re-inspection	Will a temporary use Certificate of operation be requested			
<input type="checkbox"/> Alteration	List know violations items if your intentions is to apply for a temporary certificate of operation (see below for temp requirements):			
<input type="checkbox"/> Alteration re-inspection	_____			
<input type="checkbox"/> Escalator Annual (50% of steps removed)	_____			
<input type="checkbox"/> Escalator Semi-Annual	_____			
<input type="checkbox"/> Witnessed Safety test (With Weights)	_____			
<input type="checkbox"/> Pre-inspection Walk thru (Supervisor only)	_____			
<input type="checkbox"/> Other:	*Note Temp request can only be applied for after state inspection			

Request for temporary certificate of operation for construction or public use on acceptance and alterations will not be approved with unfinished work in the hoistway, pit or machine room, no exceptions. This does not mean it all has to function it just has to be all installed. All electricians, pipefitters, fire alarm installers, HVAC, plumbers, general contractors, etc. work shall be 100% installed before a temp will be considered. **Temporary certificate of operation for public use is only available for alterations**

FOR OFFICE USE ONLY

Date of Inspection:	Inspector:
Time:	Notes: