



Elevator Adjudication Order and Variance Hearing

Completed application can be mailed or sent electronically to:

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

- 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 a set of plans with the proper fees are included.
- Adjudication orders will be sent to the owner via certified mail. Applicants (if other than owner) will be notified via fax.

Do not send fees associated with the adjudication order until directed by the order.

Company Applying for Variance	Contact:	Phone:	Fax:
Company:	Address:		
City:	State:	ZIP:	Email:

Owner/Billing Address	Contact:	Phone:	Fax:
Building Name:	Address:		
City:	State:	ZIP:	Email:

Location of Elevator	Owner ID #(s):	State ID #(s):
Building Name:	Address:	
City:	ZIP:	County:

Type of Unit (check one)	
<input type="checkbox"/> Passenger	<input type="checkbox"/> Sidewalk Freight
<input type="checkbox"/> Freight	<input type="checkbox"/> Stage Lift
<input type="checkbox"/> LULA	<input type="checkbox"/> Escalator
<input type="checkbox"/> Dumbwaiter	<input type="checkbox"/> Platform Lift
<input type="checkbox"/> Special Service	<input type="checkbox"/> Chair Lift
<input type="checkbox"/> Other _____	

Type of Driving Means (check one)	
<input type="checkbox"/> Traction	<input type="checkbox"/> Chain & Sprocket
<input type="checkbox"/> Winding Drum	<input type="checkbox"/> Screw
<input type="checkbox"/> Direct Hydraulic	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Roped Hydraulic	
<input type="checkbox"/> Rack & Pinion	
<input type="checkbox"/> Belt	

Work Type (check one)
<input type="checkbox"/> New Construction
<input type="checkbox"/> Alteration

List the Variance Items: (Include code references, non-compliant items and any additional supporting documents)

Applicant Signature: _____	Date: _____
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FOR OFFICE USE ONLY

Reviewed by: _____ **Conditions:** _____

Date: _____