



# Elevator Adjudication Order and Variance Hearing

Completed application can be mailed or sent electronically to:

**Email: [elevators@com.ohio.gov](mailto: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.**

<b>Company Applying for Variance</b>	Contact:	Phone:	Fax:
Company:	Address:		
City:	State:	ZIP:	Email:

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

<b>Location of Elevator</b>	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)


<b>Applicant Signature:</b>		<b>Date:</b>
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**FOR OFFICE USE ONLY**

**Reviewed by:** \_\_\_\_\_ **Conditions:** \_\_\_\_\_  
**Date:** \_\_\_\_\_