



# Elevator Device Installation & Alteration Application

One set of plans/layout and other supporting documents 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. -For a complete list of alterations and their inspection requirements see [Alteration Requirements](#) on our web site. -One application per unit, **Incomplete Applications will not be approved.**

**Completed Applications can be mailed or sent electronically to:**

**Email: [elevators@com.ohio.gov](mailto: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	<b>New Installation (Fee: \$183.25)</b>	
<input type="checkbox"/> Freight	<input type="checkbox"/> Drum	<b>Alteration (Fee: \$103.25)</b>	
<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	<input type="checkbox"/> Other:		
<input type="checkbox"/> Special Service	<b>Manufacture:</b>	Is this unit within the city limits of Cincinnati or Cleveland?	Yes No
<input type="checkbox"/> Belted Man-lift	<b>Manufacture Model:</b>	Is This Unit replacing another?	Yes No
<input type="checkbox"/> Stage Lift	<b>MRL: Yes No</b>	If <b>Yes</b> State – ID # _____	
<input type="checkbox"/> Other:			

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

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