

Application for Elevator Installation
 Oklahoma Department of Labor
 Safety Standards Division - Elevator Inspections
 3017 N. Stiles, Suite 100
 Oklahoma City, OK 73105
 405-521-6100

OFFICE USE ONLY	
STATE SERIAL NUMBER	
PERMIT NUMBER	
PERMIT APPROVED BY	DATE

Permit numbers cannot be issued, nor inspections scheduled, until payment has been received.

ELEVATOR LOCATION (BUILDING NAME)		COUNTY	
LOCATION (ADDRESS)		CITY	ZIP CODE
RESPONSIBLE PARTY BILLING NAME		RESPONSIBLE PARTY BILLING ADDRESS	RESPONSIBLE PARTY PHONE
			RESPONSIBLE PARTY EMAIL
TYPE OF DEVICE/CONVEYANCE <small>SPECIFY IF OTHER</small>		MANUFACTURED BY	MANUFACTURER'S SERIAL NUMBER
MACHINE TYPE <small>SPECIFY IF OTHER</small>	CAPACITY _____ LBS	RATED SPEED _____ FPM	RISE OF CAR _____ FT _____ IN
			NUMBER OF LANDINGS
PERMIT REVIEW FEE UP TO \$500.00 PAYMENT RECEIVED: _____		TENTATIVE START DATE	TENTATIVE COMPLETION DATE

Verify by initials that the following information is included in the Permit Application Specifications:

- _____ 1. Code of construction of all components of elevator system including both ASME code, edition and addenda.
- _____ 2. Code Data Plate to be stamped in accordance with ASME 17.1 Section 8.9
- _____ 3. Qualification of welders in accordance with ASME Section 8.8 if welding is to be performed during installation.
- _____ 4. Provide code specification checklist from general contractor, if applicable, showing Code & Edition of IBC and NEC, Fire safety and plumbing. (This will print out with the application if obtained online)
- _____ 5. Specific reference to comply with ASME 17.1 Section 2.8 Equipment in hoist ways and machine room.
- _____ 6. Specific reference to comply with ASME 17.1 Section 2.7 Machine rooms and machinery spaces.
- _____ 7. Specific reference to comply with ASME 17.1 Section 2.2 Pits.
- _____ 8. Specific reference to comply with ASME 17.1 Section 8.6 Maintenance or Section 8.7 Alterations.
- _____ 9. Specific reference to comply with ASME 17.1 Hydraulic jacks and special application elevators.
- _____ 10. Location of smoke detectors, heat sensors, and power shunts as they pertain to HOIST WAY AND MACHINE ROOM if installed as part of a sprinkler system.
- _____ 11. Detailed construction and design drawings of hoist way, machine room and elevator components.
- _____ 12. Registered Professional Engineer signature approving all documents and specifications submitted in the Permit application package.

CONTRACTOR SIGNATURE

CONTRACTOR'S COMPANY NAME AND BRANCH OFFICE (CITY)	CONTRACTOR LICENSE NUMBER	DATE
CONTRACTOR'S SIGNATURE	AN INSPECTION FEE WILL BE CHARGED FOR ANY INSPECTOR VISIT TO SITE PRIOR TO ACCEPTANCE INSPECTION.	
	AN INSPECTION AND CERTIFICATION FEE WILL BE CHARGED AT TIME OF ACCEPTANCE.	



Leslie Osborn

COMMISSIONER OF LABOR

CODE SPECIFICATION CHECKLIST

The following information is necessary in order for our office to properly evaluate a request for a permit.

1. General Contractor Information:

a. General Contractor Name: _____

b. Address: _____

City, State, Zip Code: _____

Phone Number: _____

2. Elevator Contractor Information:

Contact Name: _____

Phone Number: _____

Contact Email: _____

3. Address of Device Installation/Repair/Alteration:

Address: _____

City, State, Zip Code: _____

4. IBC Code and Edition: _____

5. NEC Code and Edition: _____

6. ASME Code and Edition of Elevator Manufactured _____
(Shall meet current adopted code)

If the latest edition/addenda of the above code(s) are not applicable, provide explanation for deviation of this requirement to the Elevator Safety Act OAC 380:70