



APPLICATION FOR INSTALLATION OR ALTERATION PERMIT

State Form 38299 (R5 / 7-06)

Approved by State Board of Accounts, 2006

**INDIANA DEPARTMENT OF HOMELAND SECURITY
DIVISION OF FIRE AND BUILDING SAFETY
DIVISION OF ELEVATORS**
 302 West Washington Street, Room W246
 Indianapolis, IN 46204-2739
 Telephone: (317) 232-2670
 Fax number: (317) 232-6609
 www.in.gov/dhs/fire

- INSTRUCTIONS:**
1. Please complete all applicable areas of the form.
 2. An application for an installation or alteration permit for a regulated lifting device shall be accompanied by payment.
 3. All payment are payable to the **Fire and Building Services Fund**. The State Building Commissioner may authorize the refunding of any fee specified in this section which was paid or collected in error.

PERMIT AND CERTIFICATE FEES

675 IAC 12-3-14 Regulated lifting device permitting and certification fees Authority: IC 22-12-6-6; IC 22-13-2-13 Affected: IC 22-15-5 Section 14.

- A. Vertical wheelchair lift, incline wheelchair lift, and incline chair lift shall be accompanied by a payment of two hundred fifty dollars (\$250) plus one hundred twenty dollars (\$120) totaling three hundred seventy dollars (\$370) for an operating certificate.
- Any other regulated lifting device, including elevator, escalator, belt manlift, personnel hoist, material lift, SPPE, automated people mover, moving walk, or dumbwaiter shall be accompanied by a payment of five hundred dollars (\$500) plus one hundred twenty dollars (\$120) totaling six hundred twenty dollars (\$620) for an operating certificate.
- B. Temporary construction permit for a regulated lifting device shall be accompanied by a payment of one hundred dollars (\$100). (For construction use only. Renewable every 30 days by letter and an additional payment of one hundred dollars (\$100).)

APPLICANT INFORMATION

Name of contractor		License number of contractor
Address (number and street, city, state, and ZIP code)		
Telephone number ()	Fax number ()	E-mail address of contractor
Name of owner		
Address (number and street, city, state, and ZIP code)		
Telephone number ()	Fax number ()	E-mail address of owner
Name of user		
Address (number and street, city, state, and ZIP code)		
Telephone number ()	Fax number ()	E-mail address of user

TYPE OF PERMIT

TYPE OF PERMIT: <input type="checkbox"/> Installation <input type="checkbox"/> Alteration <input type="checkbox"/> Temporary Operation			State number
TYPE OF UNIT:	<input type="checkbox"/> Belted manlift	<input type="checkbox"/> Special purpose	<input type="checkbox"/> Vertical wheelchair lift
<input type="checkbox"/> Passenger	<input type="checkbox"/> Dumbwaiter	<input type="checkbox"/> Moving sidewalk	<input type="checkbox"/> Incline wheelchair lift
<input type="checkbox"/> Freight elevator	<input type="checkbox"/> Escalator	<input type="checkbox"/> Automated people mover	<input type="checkbox"/> Incline chair lift
<input type="checkbox"/> Hydraulic	<input type="checkbox"/> Material Lift	<input type="checkbox"/> Roped Hydraulic	<input type="checkbox"/> LULA (limited use limited access)
<input type="checkbox"/> Electric	<input type="checkbox"/> Personnel hoist	<input type="checkbox"/> MRL (machine room LESS elevator)	
Device capacity	Contract speed FPM	Number of floors	Total travel of device
Platform size	Contract number	Type of control	

PROPOSED ALTERATIONS TO EXISTING EQUIPMENT

AFFIRMATION OF THE OWNER

I, the owner, or authorized officer of the owner, of the building in which the regulated lifting device is being installed or altered hereby affirm under penalties for perjury that:

1. This document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.
2. The regulated lifting device will be installed or altered in accordance with all applicable rules adopted by the commission and will not be changed from the design specified in the plans and specifications submitted with the application and released by the office.
3. The contractor responsible for the installation or alteration of the regulated lifting device was chosen under my direction and to the best of my knowledge and belief, after exercising due diligence, has the expertise necessary to install or alter the regulated lifting device in accordance with the rules adopted by the commission.
4. I hereby grant the authority to and require all individuals employed by either the contractor or the owner to immediately suspend the operation of the regulated lifting device upon discovering a condition that could result in the unsafe operation of the regulated lifting device, and to report the discovery of such a condition to the office.
5. I understand that providing false information constitutes an act of perjury, which is a Class D felony punishable by a prison term and a fine of up to \$10,000.

Signature of owner or authorized officer of the owner	Date of signature (<i>month, day, year</i>)
Printed name	Position with organization
Name of organization	

AFFIRMATION OF THE CONTRACTOR

I, the contractor, or authorized officer of the contractor, responsible for the installation or alteration of the regulated lifting device hereby affirm under penalties for perjury that:

1. This document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.
2. The regulated lifting device will be installed or altered in accordance with all applicable rules adopted by the commission and will not be changed from the design specified in the plans and specifications submitted with the application and released by the office.
3. All individuals installing or altering the regulated lifting device.
 - A. have sufficient background, knowledge, skills and training to install or alter, inspect, and maintain the regulated lifting device;
 - B. have the training and expertise necessary to recognize and report any condition that could result in the unsafe operation of the regulated lifting device.
 - C. are provided with sufficient on-going training to reasonably ensure that the individuals are proficient in the standards affecting regulated lifting devices that have been adopted by the commission; and
 - D. possess the requisite authority and are required to immediately suspend the operation of the regulated lifting device upon discovering a condition that could result in the unsafe operation of the regulated lifting device, and to report the discovery of such a condition to the office.
4. I understand that providing false information constitutes an act of perjury, which is a Class D felony punishable by a prison term and a fine of up to \$10,000.

Signature of contractor or authorized officer of the contractor	Date of signature (<i>month, day, year</i>)
Printed name	Position with organization
Name of organization	