

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

**PERMIT FORMS MUST BE SUBMITTED IN
 TRIPLICATE**

**ELEVATOR PLANS MUST BE SUBMITTED IN
 HARDCOPY**

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

The Department of Labor will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

ELEVATOR LOCATION (BUILDING NAME)			COUNTY		
LOCATION (ADDRESS)			CITY		ZIP CODE
CONTACT NAME		CONTACT PHONE		TENTATIVE START DATE	TENTATIVE COMPLETION DATE
TYPE OF DEVICE		MANUFACTURED BY		MANUFACTURER'S NUMBER	
TYPE OF CONTROL	CAPACITY _____ LBS	RATED SPEED _____ FPM	RISE OF CAR _____ FT _____ IN		NUMBER OF LANDINGS

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, NEC, Fire safety and plumbing. (This will print out with the application if obtained online)
- _____ 5. Specific reference to compliance with ASME 17.1 Section 2.8 Equipment in hoist ways and machine room.
- _____ 6. Specific reference to compliance with ASME 17.1 Section 2.7 Machine rooms and machinery spaces.
- _____ 7. Specific reference to compliance with ASME 17.1 Section 2.2 Pits.
- _____ 8. Specific reference to compliance with ASME 17.1 Section 8.6 Maintenance or Section 8.7 Alterations.
- _____ 9. Specific reference to compliance 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.

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Melissa McLawhorn Houston
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: _____

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