

**Iowa Division of Labor****Elevator Safety**

150 Des Moines Street

Des Moines, IA 50309-1836

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[elevators@iwd.iowa.gov](mailto:elevators@iwd.iowa.gov)[www.iowaelevators.gov](http://www.iowaelevators.gov)**APPLICATION FOR  
INSTALLATION  
OR ALTERATION PERMIT****State ID#:** \_\_\_\_\_**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Date: \_\_\_\_\_ By: \_\_\_\_\_

State ID #: \_\_\_\_\_

Comments: \_\_\_\_\_

**INSTRUCTIONS**

Please type or print clearly. No installation or alteration shall begin until a permit has been issued. Submit a separate form for each conveyance. Submit a complete application package in order to prevent delays. Alterations require drawings and specifications for all planned changes. New installations require 2 copies of the project details set forth in 875 IAC 71.5. Plans must be submitted on 11"x17" paper. A single electronic plan submittal shall be made with sufficient resolution to not lose detail when enlarged.

**A building code analysis document must also be submitted.****Fee Schedule:**

Traction Elevator Installation: \$1,000.00

Hydraulic Elevator Installation: \$750.00

Elevator Alteration: \$500

Escalator Installation: \$1,000.00

Escalator Skirt Brush Alteration: \$500.00

Other Escalator Alteration: \$1,000.00

Wheelchair Lift Installation: \$500.00

Wheelchair Lift Alteration: \$500.00

Dumbwaiter Alteration: \$500.00

Dumbwaiter Installation: \$500.00

Print Revision: \$100.00

Permit Extension: \$100.00

**Application Type:**

New Installation or Complete Replacement of Existing Equipment

Alteration

Skirt Brush Alteration

A17.3 Alteration (\$250.00)

Owner's name		Owner's address			
City		State	Zip	Phone	
Building name		Conveyance address		City	County Zip
Conveyance contractor		Contact	Email		Phone
Address		City		State	Zip
General contractor		Contact	Email		Phone
Address		City		State	Zip
Owner ID (example: North Car #1)		Installation code year	Date conveyance contract signed	Alteration code year	

**General**

# of landings	# of front openings	# of rear openings	Rated load _____ lbs	Rated speed _____ fpm	MRL Yes No	Contractor job number
Type of equipment:	Passenger	Freight A	Freight B	Freight C1		
	Freight C2	Freight C3	Sidewalk	Limited use (LULA)		
	Special purpose	Moving walk	Dumbwaiter	Material Lift		
	Escalator	Vertical platform lift	Inclined platform lift	Restricted (alteration only)		
Type of drive unit:	Cable ball and socket	Chain (Electric)	Chained hydraulic	Rack and pinion	Roped hydraulic	
	Direct hydro	Screw	Traction	Winding drum	Other: _____	

**Hoistway, Machine Room and Pit**

Type of hoistway doors		Type of car doors		# of ropes	Size of ropes	# of chains	Size of chains
Manufacturer			Manufacturer model name and serial #				
IBC code edition year		Fire rating of building: None 1 hr 2 hr		Type of operation: Automatic Manual Continuous pressure			
Type of emergency communication in car: Phone Intercom		Type of hoistway construction: Concrete Sheetrock		Type of machine room construction: Concrete Sheetrock Other:			
Machine room vent: Yes No		Sump pump: Yes No		Pit ladder: Yes No		Hoistway vent: Yes No	
Buffer stroke inches: _____		Guide rail type: Tee Formed Angle Omega U-channel Pipe		Buffer type: Poly Spring Oil Bumper			
Other: _____		Other: _____		Other: _____			
Guide rail sizes: _____ Car _____ Counterweight			Building NFPA design? 13 13R N/A			Is elevator part of an accessible route? Yes No	

**Fire Fighters' Service and Fire Safety**

Fire fighter' service: None Phase I Phase I & II		Location of remote fire recall switches		Main evacuation level		Alternate evacuation level	
Machine room sprinklers: Yes No		Top of hoistway sprinklers: Yes No		Pit Sprinklers: Yes No		Pit fire detection means: Smoke Heat N/A	

**Safety Device**

Safety device type: A B C Other: _____		Speed governor type: Centrifugal Fly-Ball Friction Other: _____					
Governor manufacturer		Governor model #				Safety manufacturer	
Safety model number		Car safety switch: Yes No		Slack rope switch: Yes No		Counterweight safeties: Yes No	
Size of governor rope:		Type of governor rope		Ascending car overspeed and unintended car movement protection: Yes No			

**Electrical**

Horsepower		Power from more than 1 source: Yes No		Volts (main)		Phase	
Volts (battery if applicable)		Emergency lowering only: Yes No		Emergency stand-by power: Yes No			

**Machine**

Machine type: Single wrap Double wrap Geared traction Gearless traction		Machine location: Basement Overhead Remote Pit Top of hoistway Side			Brake type: Disc Drum		Car weight _____ lbs	
Counter weight: _____ lbs		Rope construction: _____ X _____		Rope material: Steel Other: _____		Type rope fastenings: Babbit Wedge clamp		
Belt: Yes No If yes, Belt model #: _____		FT-1 rated: Yes No		Hydraulic control valve manufacturer		Hydraulic control model #		
Drive sheave or drum size: _____ inches		Deflection sheave size: _____ inches		Compensation chain or other		# of chains (VPL)		Size of chains

**I certify that the information on this form and attachments (if any) is true and accurate to the best of my knowledge.**

Printed name of applicant		Title		Phone number	
Email address		Signature		Date	