

Application for Elevator Installation Permit
 Michigan Department of Licensing and Regulatory Affairs
 Bureau of Construction Codes / Elevator Safety Division
 P.O. Box 30255, Lansing, MI 48909
 517-241-9337

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

FORMS AND BLUE PRINTS MUST BE SUBMITTED IN TRIPLICATE

Authority: 1967 PA 227 Completion: Mandatory Penalty: \$50.00	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
---	--

BILLING INFORMATION

ELEVATOR LOCATION (Building Name)		COUNTY		
LOCATION (Address)		CITY		ZIP CODE
BILLING INFORMATION (Owner or Designated Agent)	BILLING ADDRESS		CITY	STATE
TYPE OF DEVICE		CLASS OF LOADING CLASS _____	MANUFACTURED BY	
TYPE OF CONTROL		CAPACITY _____ LBS	RATED SPEED _____ FPM	RISE OF CAR _____ FT _____ IN
				MANUFACTURER'S NUMBER
				NUMBER OF LANDINGS

CAR

HOW OPERATED FROM CAR <input type="checkbox"/> HAND ROPE <input type="checkbox"/> CAR SWITCH <input type="checkbox"/> AUTO <input type="checkbox"/> PUSH BUTTON		FROM LANDING	DESTINATION - ORIENTED ELEVATOR SYSTEM <input type="checkbox"/> YES <input type="checkbox"/> NO
SIZE OF PLATFORM (Inside)	NUMBER OF CAR ENTRANCES <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	SAFE EDGE <input type="checkbox"/> YES <input type="checkbox"/> NO	ELECTRIC EYE <input type="checkbox"/> YES <input type="checkbox"/> NO
POWER OPERATED DOOR REOPENING DEVICE <input type="checkbox"/> PROXIMITY <input type="checkbox"/> INFRARED <input type="checkbox"/> OTHER _____		CAR DOORS OR GATES POWER OPERATED <input type="checkbox"/> YES <input type="checkbox"/> NO	
HOISTWAY DOORS ARE <input type="checkbox"/> SEQUENCE <input type="checkbox"/> SIMULTANEOUSLY		EMERGENCY EXITS <input type="checkbox"/> CAR TOP HINGED <input type="checkbox"/> CAR TOP REMOVABLE <input type="checkbox"/> SIDE PANEL	
EMERGENCY EXIT ELECTRIC CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO		TYPE OF CAR SAFETY DEVICE <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> OTHER _____	
POWER DOOR OPERATOR (Manufacturer's Name)		EMERGENCY CALL <input type="checkbox"/> BELL <input type="checkbox"/> TELEPHONE <input type="checkbox"/> OTHER _____	

CABLES

NUMBER	HOISTING	GOVERNOR	COMPENSATION	DIAMETER OF SHEAVES		
				DEFLECTOR	CAR	COUNTERWEIGHT
DIAMETER				SLACK CABLE DEVICE LOCATION <input type="checkbox"/> CAR <input type="checkbox"/> MACHINE <input type="checkbox"/> NONE <input type="checkbox"/> OTHER _____		
MATERIAL				FASTENINGS <input type="checkbox"/> TAPERED SOCKETS <input type="checkbox"/> CLIPS <input type="checkbox"/> WEDGE CLAMP		
CONSTRUCTION						
ROPING <input type="checkbox"/> SINGLE WRAPPED 1 TO 1 <input type="checkbox"/> DOUBLE WRAPPED 1 TO 1 <input type="checkbox"/> SINGLE WRAPPED 2 TO 1 <input type="checkbox"/> DOUBLE WRAPPED 2 TO 1						

MACHINE / CONTROL ROOM

LOCATION <input type="checkbox"/> OVERHEAD <input type="checkbox"/> BASEMENT <input type="checkbox"/> FIRST FLOOR <input type="checkbox"/> OTHER _____		SELF-CLOSING SELF-LOCKING DOOR PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO		
MACHINE ROOM FULLY ENCLOSED <input type="checkbox"/> YES <input type="checkbox"/> NO	MACHINE TYPE 1. <input type="checkbox"/> CABLE 3. <input type="checkbox"/> ROPED HYDRAULIC 5. <input type="checkbox"/> OTHER _____ 2. <input type="checkbox"/> DIRECT PLUNGER HYDRAULIC 4. <input type="checkbox"/> HAND POWER		POWER 1. <input type="checkbox"/> ELECTRIC 2. <input type="checkbox"/> HAND POWER	
TYPE OF DRIVE	TYPE OF BRAKE	TYPE OF BRAKE (Released)	DIAMETER OF SHEAVES / SPROCKETS / PULLEYS DRUM _____ INCHES	TRACTION _____ INCHES
TYPE OF GOVERNOR AND LOCATION		GOVERNOR TRIPPING SPEED _____ FPM	GOVERNOR OVERSPEED SWITCH <input type="checkbox"/> YES <input type="checkbox"/> NO	PHASE PROTECTION <input type="checkbox"/> YES <input type="checkbox"/> NO
H.P.	ELECTRIC MOTOR VOLTAGE _____ <input type="checkbox"/> A.C. <input type="checkbox"/> D.C.	OPERATING DEVICE VOLTAGE _____ <input type="checkbox"/> A.C. <input type="checkbox"/> D.C.	DIAMETER OF PLUNGER _____ INCHES	MFG OF PUMP
FULLY EXPOSED CYLINDER <input type="checkbox"/> YES <input type="checkbox"/> NO	CYLINDER PROTECTION TYPE	SHUTOFF VALVE LOCATION <input type="checkbox"/> PIT <input type="checkbox"/> MACHINE ROOM <input type="checkbox"/> OTHER _____		OVERSPEED VALVE <input type="checkbox"/> YES <input type="checkbox"/> NO

CONTRACTOR SIGNATURE

CONTRACTOR'S COMPANY NAME AND BRANCH OFFICE (City)	CONTRACTOR LICENSE NUMBER	PERMIT FEE \$
CONTRACTOR'S SIGNATURE		DATE

Application for Elevator Installation Permit
 Michigan Department of Licensing and Regulatory Affairs
 Bureau of Construction Codes / Elevator Safety Division
 P.O. Box 30255, Lansing, MI 48909
 517-241-9337

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

FORMS AND BLUE PRINTS MUST BE SUBMITTED IN TRIPLICATE

Authority: 1967 PA 227 Completion: Mandatory Penalty: \$50.00	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
---	--

BILLING INFORMATION

ELEVATOR LOCATION (Building Name)		COUNTY	
LOCATION (Address)		CITY	ZIP CODE
BILLING INFORMATION (Owner or Designated Agent)	BILLING ADDRESS	CITY	STATE
TYPE OF DEVICE		CLASS OF LOADING CLASS _____	MANUFACTURED BY
TYPE OF CONTROL		CAPACITY _____ LBS	RATED SPEED _____ FPM
		RISE OF CAR _____ FT _____ IN	MANUFACTURER'S NUMBER
			NUMBER OF LANDINGS

CAR

HOW OPERATED FROM CAR <input type="checkbox"/> HAND ROPE <input type="checkbox"/> CAR SWITCH <input type="checkbox"/> AUTO <input type="checkbox"/> PUSH BUTTON	FROM LANDING	DESTINATION - ORIENTED ELEVATOR SYSTEM <input type="checkbox"/> YES <input type="checkbox"/> NO
SIZE OF PLATFORM (Inside) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	SAFE EDGE <input type="checkbox"/> YES <input type="checkbox"/> NO	ELECTRIC EYE <input type="checkbox"/> YES <input type="checkbox"/> NO
POWER OPERATED DOOR REOPENING DEVICE <input type="checkbox"/> PROXIMITY <input type="checkbox"/> INFRARED <input type="checkbox"/> OTHER _____	CAR DOORS OR GATES POWER OPERATED <input type="checkbox"/> YES <input type="checkbox"/> NO	
HOISTWAY DOORS ARE <input type="checkbox"/> SEQUENCE <input type="checkbox"/> SIMULTANEOUSLY	EMERGENCY EXITS <input type="checkbox"/> CAR TOP HINGED <input type="checkbox"/> CAR TOP REMOVABLE <input type="checkbox"/> SIDE PANEL	
EMERGENCY EXIT ELECTRIC CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF CAR SAFETY DEVICE <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> OTHER _____	
POWER DOOR OPERATOR (Manufacturer's Name)	EMERGENCY CALL <input type="checkbox"/> BELL <input type="checkbox"/> TELEPHONE <input type="checkbox"/> OTHER _____	

CABLES

NUMBER	HOISTING	GOVERNOR	COMPENSATION	DIAMETER OF SHEAVES		
				DEFLECTOR	CAR	COUNTERWEIGHT
DIAMETER				SLACK CABLE DEVICE LOCATION <input type="checkbox"/> CAR <input type="checkbox"/> MACHINE <input type="checkbox"/> NONE <input type="checkbox"/> OTHER _____		
MATERIAL				FASTENINGS <input type="checkbox"/> TAPERED SOCKETS <input type="checkbox"/> CLIPS <input type="checkbox"/> WEDGE CLAMP		
CONSTRUCTION						
ROPING <input type="checkbox"/> SINGLE WRAPPED 1 TO 1 <input type="checkbox"/> DOUBLE WRAPPED 1 TO 1 <input type="checkbox"/> SINGLE WRAPPED 2 TO 1 <input type="checkbox"/> DOUBLE WRAPPED 2 TO 1						

MACHINE / CONTROL ROOM

LOCATION <input type="checkbox"/> OVERHEAD <input type="checkbox"/> BASEMENT <input type="checkbox"/> FIRST FLOOR <input type="checkbox"/> OTHER _____	SELF-CLOSING SELF-LOCKING DOOR PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO		
MACHINE ROOM FULLY ENCLOSED <input type="checkbox"/> YES <input type="checkbox"/> NO	MACHINE TYPE 1. <input type="checkbox"/> CABLE 3. <input type="checkbox"/> ROPED HYDRAULIC 5. <input type="checkbox"/> OTHER _____ 2. <input type="checkbox"/> DIRECT PLUNGER HYDRAULIC 4. <input type="checkbox"/> HAND POWER		POWER 1. <input type="checkbox"/> ELECTRIC 2. <input type="checkbox"/> HAND POWER
TYPE OF DRIVE	TYPE OF BRAKE	TYPE OF BRAKE (Released)	DIAMETER OF SHEAVES / SPROCKETS / PULLEYS DRUM _____ INCHES TRACTION _____ INCHES
TYPE OF GOVERNOR AND LOCATION		GOVERNOR TRIPPING SPEED _____ FPM	GOVERNOR OVERSPEED SWITCH <input type="checkbox"/> YES <input type="checkbox"/> NO
H.P.	ELECTRIC MOTOR VOLTAGE _____ <input type="checkbox"/> A.C. <input type="checkbox"/> D.C.	OPERATING DEVICE VOLTAGE _____ <input type="checkbox"/> A.C. <input type="checkbox"/> D.C.	DIAMETER OF PLUNGER _____ INCHES
FULLY EXPOSED CYLINDER <input type="checkbox"/> YES <input type="checkbox"/> NO	CYLINDER PROTECTION TYPE	SHUTOFF VALVE LOCATION <input type="checkbox"/> PIT <input type="checkbox"/> MACHINE ROOM <input type="checkbox"/> OTHER _____	OVERSPEED VALVE <input type="checkbox"/> YES <input type="checkbox"/> NO

CONTRACTOR SIGNATURE

CONTRACTOR'S COMPANY NAME AND BRANCH OFFICE (City)	CONTRACTOR LICENSE NUMBER	PERMIT FEE \$
CONTRACTOR'S SIGNATURE		DATE

Application for Elevator Installation Permit
 Michigan Department of Licensing and Regulatory Affairs
 Bureau of Construction Codes / Elevator Safety Division
 P.O. Box 30255, Lansing, MI 48909
 517-241-9337

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

FORMS AND BLUE PRINTS MUST BE SUBMITTED IN TRIPLICATE

Authority: 1967 PA 227 Completion: Mandatory Penalty: \$50.00	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
---	--

BILLING INFORMATION

ELEVATOR LOCATION (Building Name)		COUNTY		
LOCATION (Address)		CITY		ZIP CODE
BILLING INFORMATION (Owner or Designated Agent)	BILLING ADDRESS		CITY	STATE
TYPE OF DEVICE		CLASS OF LOADING CLASS _____	MANUFACTURED BY	
TYPE OF CONTROL		CAPACITY _____ LBS	RATED SPEED _____ FPM	RISE OF CAR _____ FT _____ IN
				MANUFACTURER'S NUMBER
				NUMBER OF LANDINGS

CAR

HOW OPERATED FROM CAR <input type="checkbox"/> HAND ROPE <input type="checkbox"/> CAR SWITCH <input type="checkbox"/> AUTO <input type="checkbox"/> PUSH BUTTON		FROM LANDING	DESTINATION - ORIENTED ELEVATOR SYSTEM <input type="checkbox"/> YES <input type="checkbox"/> NO
SIZE OF PLATFORM (Inside)	NUMBER OF CAR ENTRANCES <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	SAFE EDGE <input type="checkbox"/> YES <input type="checkbox"/> NO	ELECTRIC EYE <input type="checkbox"/> YES <input type="checkbox"/> NO
POWER OPERATED DOOR REOPENING DEVICE <input type="checkbox"/> PROXIMITY <input type="checkbox"/> INFRARED <input type="checkbox"/> OTHER _____		CAR DOORS OR GATES POWER OPERATED <input type="checkbox"/> YES <input type="checkbox"/> NO	
HOISTWAY DOORS ARE <input type="checkbox"/> SEQUENCE <input type="checkbox"/> SIMULTANEOUSLY		EMERGENCY EXITS <input type="checkbox"/> CAR TOP HINGED <input type="checkbox"/> CAR TOP REMOVABLE <input type="checkbox"/> SIDE PANEL	
EMERGENCY EXIT ELECTRIC CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO		TYPE OF CAR SAFETY DEVICE <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> OTHER _____	
POWER DOOR OPERATOR (Manufacturer's Name)		EMERGENCY CALL <input type="checkbox"/> BELL <input type="checkbox"/> TELEPHONE <input type="checkbox"/> OTHER _____	

CABLES

	HOISTING	GOVERNOR	COMPENSATION	DIAMETER OF SHEAVES		
NUMBER				DEFLECTOR	CAR	COUNTERWEIGHT
DIAMETER				SLACK CABLE DEVICE LOCATION <input type="checkbox"/> CAR <input type="checkbox"/> MACHINE <input type="checkbox"/> NONE <input type="checkbox"/> OTHER _____		
MATERIAL				FASTENINGS <input type="checkbox"/> TAPERED SOCKETS <input type="checkbox"/> CLIPS <input type="checkbox"/> WEDGE CLAMP		
CONSTRUCTION						
ROPING <input type="checkbox"/> SINGLE WRAPPED 1 TO 1 <input type="checkbox"/> DOUBLE WRAPPED 1 TO 1 <input type="checkbox"/> SINGLE WRAPPED 2 TO 1 <input type="checkbox"/> DOUBLE WRAPPED 2 TO 1						

MACHINE / CONTROL ROOM

LOCATION <input type="checkbox"/> OVERHEAD <input type="checkbox"/> BASEMENT <input type="checkbox"/> FIRST FLOOR <input type="checkbox"/> OTHER _____			SELF-CLOSING SELF-LOCKING DOOR PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO		
MACHINE ROOM FULLY ENCLOSED <input type="checkbox"/> YES <input type="checkbox"/> NO	MACHINE TYPE 1. <input type="checkbox"/> CABLE 3. <input type="checkbox"/> ROPED HYDRAULIC 5. <input type="checkbox"/> OTHER _____ 2. <input type="checkbox"/> DIRECT PLUNGER HYDRAULIC 4. <input type="checkbox"/> HAND POWER			POWER 1. <input type="checkbox"/> ELECTRIC 2. <input type="checkbox"/> HAND POWER	
TYPE OF DRIVE	TYPE OF BRAKE	TYPE OF BRAKE (Released)	DIAMETER OF SHEAVES / SPROCKETS / PULLEYS DRUM _____ INCHES		TRACTION _____ INCHES
TYPE OF GOVERNOR AND LOCATION			GOVERNOR TRIPPING SPEED _____ FPM	GOVERNOR OVERSPEED SWITCH <input type="checkbox"/> YES <input type="checkbox"/> NO	PHASE PROTECTION <input type="checkbox"/> YES <input type="checkbox"/> NO
H.P.	ELECTRIC MOTOR VOLTAGE _____ <input type="checkbox"/> A.C. <input type="checkbox"/> D.C.	OPERATING DEVICE VOLTAGE _____ <input type="checkbox"/> A.C. <input type="checkbox"/> D.C.	DIAMETER OF PLUNGER _____ INCHES	MFG OF PUMP	
FULLY EXPOSED CYLINDER <input type="checkbox"/> YES <input type="checkbox"/> NO	CYLINDER PROTECTION TYPE	SHUTOFF VALVE LOCATION <input type="checkbox"/> PIT <input type="checkbox"/> MACHINE ROOM <input type="checkbox"/> OTHER _____			OVERSPEED VALVE <input type="checkbox"/> YES <input type="checkbox"/> NO

CONTRACTOR SIGNATURE

CONTRACTOR'S COMPANY NAME AND BRANCH OFFICE (City)	CONTRACTOR LICENSE NUMBER	PERMIT FEE \$ _____
CONTRACTOR'S SIGNATURE	DATE	

List of Elevating Devices

P	=	Passenger Elevator
PR	=	Passenger Elevator at Residential Location
F	=	Freight Elevator
RES	=	Private Residence Elevator
I	=	Inclined Elevator
IR	=	Private Residence Inclined Elevator
IRA	=	Private Residence Inclined Elevator at Association
LU/LA	=	Limited-Use/Limited-Application Elevator
LU/LR	=	Private Residence Limited-Use/Limited-Application Elevator
SW	=	Sidewalk Elevator
R	=	Rooftop Elevator
M	=	Mine Elevator
SPP	=	Special Purpose Personnel Elevator
DW	=	Dumbwaiter
DWR	=	Private Residence Dumbwaiter
ML	=	Material Lift
VPL	=	Vertical Platform Lift
VPLR	=	Private Residence Vertical Platform Lift
IPL	=	Inclined Platform Lift
IPLR	=	Private Residence Inclined Platform Lift
SC	=	Stairway Chairlift
SCR	=	Private Residence Stairway Chairlift
SED	=	Special Elevating Device
SDR	=	Private Residence Special Elevating Device
SL	=	Sewer Lift
PH	=	Personnel Hoist (ANSI A10.4)
BM	=	Belt Manlift (ASME A90.1)

Types of Driving Machines

Drum
Traction
 Geared
 Gearless
Hydraulic
 Direct Acting
 Roped
 Rack and Pinion
Screw-Column
Spiralift