



**Application to Install and Certificate of Contract Cost**  
**Please TYPE and forward ALL copies to:**

North Carolina Department of Labor  
 Elevator Bureau  
 1101 Mail Service Center  
 Raleigh, North Carolina 27699-1101  
 (919) 807-2770

N.C. No.: \_\_\_\_\_  
 Inspector: \_\_\_\_\_  
 County: \_\_\_\_\_  
*(Do not write in this space)*

Plan or Contract No.: \_\_\_\_\_  
*(Company fill in)*

**Attach exceptions or variances applied for on separate sheet.**  
*Complete One Application per Unit*

New installation: \_\_\_\_\_  
*(Type of equipment—elevator (passenger, freight), escalator, dumbwaiter, etc.)*

Alteration: (State No. ) \_\_\_\_\_  
*(Explain in detail alteration(s) performed and equipment replaced)*

Repair/replacement: (State No. ) \_\_\_\_\_  
*(Explain in detail repair/replacement performed and equipment replaced)*

Contract price of installation/alteration: \$ \_\_\_\_\_ Inspection fee: \$ \_\_\_\_\_

1. Electrical contractor: \_\_\_\_\_ License #: \_\_\_\_\_
2. New equipment/alteration location: City: \_\_\_\_\_ County: \_\_\_\_\_  
 Street & number: \_\_\_\_\_ ZIP: \_\_\_\_\_
3. Owner: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Street & number: \_\_\_\_\_ ZIP: \_\_\_\_\_
4. Architect: \_\_\_\_\_ Address: \_\_\_\_\_ ZIP: \_\_\_\_\_
5. Building contractor: \_\_\_\_\_ Address: \_\_\_\_\_ ZIP: \_\_\_\_\_
6. Equipment installer: \_\_\_\_\_ Address: \_\_\_\_\_ ZIP: \_\_\_\_\_
7. Equipment manufacturer: \_\_\_\_\_ Address: \_\_\_\_\_ ZIP: \_\_\_\_\_
8. Building name & no.: \_\_\_\_\_ No. of stories: \_\_\_\_\_
9. Machine room location: \_\_\_\_\_ Type driving machine: \_\_\_\_\_  
*(Above, adjacent, remote) (Electric traction, hydraulic, etc.)*
10. Rated load: \_\_\_\_\_ No. of landings served: \_\_\_\_\_ No. of openings to car: \_\_\_\_\_  
*(Pounds) (Front and Rear) (One or Two)*
11. Power: \_\_\_\_\_ Speed in FPM: \_\_\_\_\_ Travel in feet: \_\_\_\_\_  
*(Volts, Phase, Cycle)*
12. Type of operation: \_\_\_\_\_ Type of control: \_\_\_\_\_  
*(Collective, Sel-Coll. SAPB, etc.) (Gen. Field, Static, A.C.)*

**Equipment to be installed, altered, or replaced/repaired will comply with the following codes or standards:**  
*(Please check all codes with which equipment complies)*

National Code or Standard	Code Edition
A17.1: Safety Code for Elevators, Dumbwaiters, Escalators, and Moving Walks	A17.1 _____
A18.1: Safety Standard for Platform Lifts and Stairway Ch	A18.1 _____
A17.3: Safety Code for Existing Elevators and Escalators	A17.3 _____
A10.4: Safety Requirements for Personnel Hoist	A10.4 _____
A90.1: Safety Standards for Manlifts	A90.1 _____
NFPA 70 (ANSI C1): National Electrical Code	NFPA _____
<b>North Carolina Rules and Regulations</b>	
NCAC 15.0201: Elevator Safety Code (including amendments to A17.1)	
<b>North Carolina State Building Codes</b>	
Volume 1—Chapter 30: Elevators and Conveying Systems	
Volume 1—Chapter 4 (Section 403): Special Provisions for High Rise Buildings	
Volume 1-A (Section 1008): Special Safety to Life Requirements Applicable to Existing High Rise Buildings	
Volume 1-C Chapter 15: N.C. Accessibility Code: Elevators and Platform Wheelchair Lifts	

Governor overspeed switch set \_\_\_ fpm Car speed \_\_\_ Up \_\_\_ Down fpm Governor Jawset \_\_\_ fpm Safety Slide \_\_\_\_\_

Working pressure \_\_\_\_\_ psi Bypass pressure \_\_\_\_\_ psi Run by—Top \_\_\_\_\_ Run by—Bottom \_\_\_\_\_

The undersigned certifies that the information contained in this application is true and accurate to the best of his or her knowledge.

Date tested: \_\_\_\_\_ Name (printed): \_\_\_\_\_

Date complied: \_\_\_\_\_ Signed: \_\_\_\_\_

\_\_\_\_\_  
*Inspector* Company: \_\_\_\_\_

\_\_\_\_\_  
 Address: \_\_\_\_\_

\_\_\_\_\_  
 Telephone Number: \_\_\_\_\_

*Signature—Company Representative*

White: Company  
 Canary: Inspector  
 Pink: Inspector  
 Goldenrod: Office File