



Date: _____ BLD# _____

Project Name: _____

Project Address: _____

Type of Elevating Device: _____

Manufactured by: _____ Manufacturer's Number: _____

Type of Control: _____ Capacity (lbs.): _____

Rated Speed (feet per minute / FPM): _____ Rise of Car (ft., in.): _____

Number of Landings: _____ Valuation: _____

Number of Cars: _____

CAR

How Operated from Car: Hand Rope Car Switch Auto Push Button

From Landing: Hand Rope Car Switch Auto Push Button

Destination – Oriented Elevator System Yes No

Size of Platform (inside): _____

Number of Car Entrances: 1 2 3 4

Medical Emergency Car Yes No

Fire Access Cars Yes No

Safe Edge Yes No

Electric Eye Yes No

Power Operated Door Reopening Device: Proximity Infrared Other _____

Car Doors or Gates Power Operated Yes No

Hoistway Doors are: Sequence Simultaneously

Emergency Exit Electric Contact: Car Top Hinged Car Top Removable Side Panel

Type of Car Safety Device: A B C Other _____

Power Door Operator (Manufacturer's Name): _____

Emergency Call: Bell Telephone Other _____

CABLES

	Hoisting	Governor	Compensation
Number			

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Diameter			
Material			

Roping: Single Wrapped 1 to 1 Double Wrapped 1 to 1
 Single Wrapped 2 to 1 Double Wrapped 2 to 1

Diameter of Sheaves:

Deflector: _____ Car: _____ Counterweight: _____

Slack Cable Device Location: Car Machine None Other _____

Fastenings: Tapered Sockets Clips Wedge Clamp

MACHINE / CONTROL ROOM

Location: Overhead Basement First Floor Other _____

Self-Closing Self-Locking Door Provided Yes No

Machine Room Fully Enclosed Yes No

Machine Type: Cable Roped Hydraulic Direct Plunger Hydraulic
 Hand Power Other _____

Type of Drive: _____ Type of Brake: _____

Type of Brake (Released): _____

Diameter of Sheaves / Sprockets / Pulleys:

Drum: (in.) _____ Traction (in.): _____

Type of Governor and Location: _____ Governor Tripping Speed (FPM): _____

Governor Overspeed Switch Yes No

Phase Protection Yes No

H.P.: _____

Electric Motor Voltage: _____ A.C. D.C.

Operating Device Voltage: _____ A.C. D.C.

Diameter of Plunger (in.): _____

Fully Exposed Cylinder Yes No

Cylinder Protection Type: _____

Shutoff Valve Location: Pit Machine Room Other _____

Overspeed Valve Yes No

Contractor's Company Name _____ Contractor's License Number: _____

Print name: _____ Date: _____

Email address: _____