



PERMIT NO. _____
TENN NO. _____
DATE _____

PLEASE NOTE:
INCOMPLETE
APPLICATIONS WILL NOT
BE PROCESSED.

STATE OF TENNESSEE
APPLICATION FOR INSTALLATION OR ALTERATION OF ELEVATOR

SELECT ONE: ALTERATION OR INSTALL
INDICATE TYPE HERE: PASSENGER FREIGHT D/W ESCALATOR WHEELCHAIR LIFT LULA CHAIRLIFT
STAIRCLIMBER

OWNER NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____
OWNER PHONE NUMBER _____ OWNER FAX NUMBER _____
LOCATION ADDRESS _____ CITY _____ STATE _____ ZIP _____ COUNTY _____
LOCATION PHONE NUMBER _____ LOCATION FAX NUMBER _____
BILLING NAME _____ STREET _____ CITY _____ STATE _____ ZIP _____ COUNTY _____
BILLING CONTACT PHONE NUMBER _____ BILLING CONTACT FAX NUMBER _____
INSTALLER NAME _____ INSTALLER MANUFACTURER _____

IF ALTERATIONS ITEMIZE IN DETAIL ON THE BACK ON WHAT YOU PROPOSE TO DO. ALL ALTERATIONS MUST HAVE A PREVIOUS ELEVATOR NUMBER INCLUDED BEFORE APPLICATION IS APPROVED

SPECIFICATIONS

SPEED _____ NUMBER OF FLOORS _____ CAPACITY _____ MODE OF POWER _____

PREVIOUS ELEVATOR NUMBER

MACHINE LOCATION _____ RISE: FT ___ IN ___ NO. OPENINGS: ___ LIGHT IN CAR: Y ___ OR N ___ INSIDE DIMENSION OF CAR: HT ___
PLATFORM SIZE: ___ NUMBER OF CAR OPENINGS: ___ EMERGENCY EXIT: Y ___ OR N ___ SIZE: ___ EMERGENCY STOP SWITCH: Y ___ OR N ___
CAR: CONTROL TYPE _____ (A.P.B, C.P.P. B. OR OTHER) HALL BUTTON: Y ___ OR N ___ DOOR OR GATE TYPE, VERTICAL OR HORIZONTAL ,
HEIGHT ___ CLEARANCE BETWEEN CAR PLATFORM AND LANDING: _____ OVERHEAD CLEARANCE : CAR ___ CWT ___
PIT CLEARANCE: CAR ___ CWT ___ NO OF HOIST CABLES: ___ MATERIAL ___ DIAMETER: ___ ROPING 1 TO 1 ___ 2 TO 1 ___ PIT DEPTH ___
LIGHT IN PIT _____ LADDER IN PIT: YES ___ OR NO ___ EMERGENCY STOP SWITCH IN PIT: _____ CAR SAFETY TYPE: _____
DIA OF SHEAVES HOIST: ___ CAR: ___ CWT: ___ DEF: ___ SECONDARY ___ TYPE OF CAR BUFFERS: OIL OR SPRING STROKE: _____
CWT BUFFERS: TYPE: ___ STROKE: ___ CWT _____ GUARD ___ HT ___ BUFFER CLEARANCE: _____ COMP CHAINS: Y ___ OR N ___
GOVERNOR: TYPE _____ DIA OF CABLE: ___ RAIL TYPE: ___ WGT PER FT: _____ CWT RAIL TYPE: _____ WGT PER FT: _____

HOISTWAY DOORS OR GATES

HOISTWAY VENTED: LOCATION _____ SIZE: ___ FIRE RESISTANT ENCLOSURE: Y ___ OR N ___ HOISTWAY DOOR TYPE: BI-PART ___ Y ___ OR N ___
2 SPEED: Y ___ OR N ___ C 'OPEN Y ___ OR N ___ VERT S: Y ___ OR N ___ OTHER: _____ FIRE RATED MATERIAL: Y ___ OR N ___
TYPE OF OPERATION: MANUAL, POWER, OTHER _____ INTERLOCK MFG BY: _____ TYPE: _____ OPERATED BY: STA.CAM. _____
DOOR CAM: _____ RET CAM: _____
IS ANY EMERGENCY DOOR RELEASE PROVIDED: Y ___ OR N ___ TOP, BOTTOM OR ALL LANDINGS Y ___ OR N ___
EMERGENCY OP AND OR SIGNAL DEVICE: Y ___ OR N ___ TWO WAY COMMUNICATIONS: Y ___ OR N ___

**ALL NEW INSTALLATIONS
SHALL COMPLY WITH
CURRENT A 17.1 CODE
REQUIREMENTS**

Elevator Company

Signature of Elevator Company or Contractor

Fees for construction or alteration permit and acceptance inspection must be submitted with this application, as follows:

- (1) For construction permits for new or altered elevators, escalators and dumbwaiters required by TCA Section 53-2608(b) \$200.00
- (2) For acceptance inspections for new or altered elevators, escalators and dumbwaiters required by TCA Section 53-2606 (a) \$200.00

ADDITIONAL INFORMATION:

