

Application for Platform/Chairlift Installation
 Oklahoma Department of Labor Safety
 Standards Division - Elevator Inspections
 409 NE 28th Street, 3rd Floor
 Oklahoma City, OK 73105
 405-521-6100

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

Permit numbers cannot be issued, nor inspections scheduled, until payment has been received.

PLATFORM / STAIRWAY CHAIRLIFT LOCATION (BUILDING NAME)			COUNTY		
LOCATION (ADDRESS)		CITY		ZIP CODE	
RESPONSIBLE PARTY BILLING NAME		RESPONSIBLE PARTY BILLING ADDRESS		RESPONSIBLE PARTY PHONE	
				RESPONSIBLE PARTY EMAIL	
TYPE OF DEVICE/CONVEYANCE <small>SPECIFY IF OTHER</small>		MANUFACTURED BY		MANUFACTURER'S SERIAL NUMBER	
MACHINE TYPE <small>SPECIFY IF OTHER</small>	CAPACITY _____ LBS	RATED SPEED _____ FPM	RISE OF CAR _____ FT _____ IN		NUMBER OF LANDINGS
PERMIT REVIEW FEE UP TO \$500.00 PAYMENT RECEIVED: _____			TENTATIVE START DATE	TENTATIVE COMPLETION DATE	

Verify by initials that the following information is included in the Permit Application Specifications:

- _____ 1. Code of construction of all components of Platform/Chairlift system including both ASME code, edition and addenda.
- _____ 2. Code Data Plate to be stamped in accordance with ASME 18.1 Section 2.13
- _____ 3. Qualification of welders in accordance with ASME 18.1 Section 9.1 if welding is to be performed during installation.
- _____ 4. Specific reference to comply with ASME 18.1 Section 2.10.9 Electrical Equipment and wiring.
- _____ 5. Specific reference to comply with ASME 18.1 Section 2.1 Platform Runway.
- _____ 6. Specific reference to comply with ASME 18.1 Section 3 Inclined Platform Lift
- _____ 7. Specific reference to comply with ASME 18.1 Section 4 Inclined Stairway Chairlift
- _____ 8. Specific reference to comply with ASME 18.1 Section 11 Maintenance
- _____ 9. Specific reference to comply with ASME 18.1 Section 8 Drive Means
- _____ 10. Detailed construction and design drawings of runway or stairway
- _____ 11. Professional Engineer approved manufactured documents and specifications

CONTRACTOR SIGNATURE

CONTRACTOR'S COMPANY NAME AND BRANCH OFFICE (CITY)		CONTRACTOR LICENSE NUMBER	DATE
CONTRACTOR'S SIGNATURE		AN INSPECTION FEE WILL BE CHARGED FOR ANY INSPECTOR VISIT TO SITE PRIOR TO ACCEPTANCE INSPECTION.	AN INSPECTION AND CERTIFICATION FEE WILL BE CHARGED AT TIME OF ACCEPTANCE.



Leslie Osborn

COMMISSIONER OF LABOR

CODE SPECIFICATION CHECKLIST

The following information is necessary in order for our office to properly evaluate a request for a permit.

1. General Contractor Information:

a. General Contractor Name: _____

b. Address: _____

City, State, Zip Code: _____

Phone Number: _____

2. Elevator Contractor Information:

Contact Name: _____

Phone Number: _____

Contact Email: _____

3. Address of Device Installation/Repair/Alteration:

Address: _____

City, State, Zip Code: _____

4. IBC Code and Edition: _____

5. NEC Code and Edition: _____

6. ASME Code and Edition of Elevator Manufactured _____
(Shall meet current adopted code)

If the latest edition/addenda of the above code(s) are not applicable, provide explanation for deviation of this requirement to the Elevator Safety Act OAC 380:70