



**S.C. DEPARTMENT OF LABOR, LICENSING AND REGULATION
OFFICE OF ELEVATORS AND AMUSEMENT RIDES**

P.O. Box 11329
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<i>For Office Use Only</i>	
State ID #	_____
Date assigned	_____
Invoice #	_____
Receipt #	_____
Const. File #	_____
Permit issued	_____
Code/Year	_____

**1 PER UNIT
APPLICATION FOR PERMIT
TO INSTALL OR ALTER**

NEW UNIT

ALTERATION

ESTIMATED COST PER UNIT OR ALTERATION _____ TOTAL RISE FT. _____ IN. _____

OWNER & ADDRESS _____ ZIP CODE _____

BILLING ADDRESS _____ PHONE _____

NAME OF BUILDING & ADDRESS _____ COUNTY _____

SPECIFY LOCATION IN BUILDING _____

ELEVATOR CONTRACTOR & ADDRESS _____ ZIP CODE _____

ELEVATOR MANUFACTURER & ADDRESS _____ ZIP CODE _____

ARCHITECT'S NAME, ADDRESS _____ PHONE _____ ZIP CODE _____

SPEED	CAPACITY	NUMBER OF FLOORS	NUMBER OF OPENINGS ON CAR
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TYPE OF UNIT: _____ ELEV. _____ ESC. _____ H.L. _____ _____ D/W _____ OTHER (SPECIFY) _____	TYPE OF MACHINE: _____ TRACTION _____ HYDRAULIC _____ OTHER (SPECIFY) _____ LOCATION _____
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NATIONAL CODE OR STANDARD

- S.C. ELEVATOR CODE
 - A17.1: SAFETY CODE FOR ELEVATORS, DUMBWAITERS, ESCALATORS, MOVING WALKS, AND WHEEL CHAIR LIFTS
 - A90.1: SAFETY STANDARDS FOR MANLIFTS
- ARE SPRINKLERS LOCATED IN HOISTWAY AND MACHINE ROOM? YES _____ NO _____
- A117.1: HANDICAPPED CODE

ALTERATIONS: IF ALTERATIONS ARE PLANNED, OR REPLACING EXISTING UNIT, PLEASE GIVE SPECIFIC DETAILS AND STATE ID NUMBER.

Signature of Company: _____

This application must be accompanied by an Elevator Registration Form (SCLD/LIC 0001) for each new unit and the plans for each unit. Plans must be submitted in triplicate and must include:

- 1) sectional plan of car and hoistway;
- 2) sectional plan of machine room;
- 3) sectional elevation of hoistway and machine room, including the pit, bottom and top clearance of car and counterweight;
- 4) size and weight of guide rail, and guide rail bracket spacing.