

Chapter Comm 18

APPENDIX A

The material contained in this appendix is for clarification purposes only. The following are examples of forms SBD-22—Application to Erect or Remodel, SBD-7316—Application to Erect or Remodel Lift for Disabled, SBD-2D—Elevator Inspection,

SBD-2E—Test Report and SBD-252—Certificate of Operation. Also included is the fee schedule for elevators, power dumbwaiters, escalators, moving walks and ramps and lifts for the people with disabilities.



Wisconsin DILHR
Safety Buildings Division
Elevator Safety Section

APPLICATION

Submit plans/fees to
401 Pilot Ct., Suite C
Waukesha, WI 53188
Questions: (414)521-5444

ELEVATORS & LIFT EQUIPMENT

NOTE: Personal information you provide may be used for secondary purposes (privacy law, s. 15.04(1)(m))

Application is now made to the Department of Industry, Labor and Human Relations for permission to install or remodel the item referenced herein in accordance with the detailed documents submitted herewith and subject to the orders of the Department. The installation will also include the details described below and in the plans submitted herewith which include the following information:

- A. A floor plan of car and hoistway, including all car entrances
- B. A section plan or elevation plan of hoistway, supports and structural calculations, penthouse (showing machinery) and pit
- C. Plans of machine and support showing details of materials, size and bearing of beams, structural calculations etc.
- D. 4 copies of the plans and specifications, stamped by a registered architect or engineer representing the plans conform to the approved building plans
- E. A copy of the approval letter or verification of plan approval from Safety & Buildings Division (Bureau of Buildings & Structures)
- F. The appropriate fees as described and calculated below.

A. TYPE APPLICATION: NEW INSTALLATION EXISTING INSTALLATION/REMODEL (Wisconsin Registration Number _____)

B. APPLICANT/OWNER/BUILDING DATA:

1	Owner's Name/Property Manager		Project Name	
2	Number & Street		Project Street Address	
3	City	County	Zip Code	City
4	Building used for (Type occupancy)			Plan ID No:

C. INSTALLER INFORMATION:

5	Lift Equipment Installer:	Address	Contact Person	Telephone number
6	List Applicable rules of ASME A17.1, Section 1200: (Submit copy of accepted proposal detailing scope of work)			Hydraulic Control Valve Type _____ Make _____

D. LIFT EQUIPMENT TYPE (Please check one)

7	<input type="checkbox"/> Passenger	<input type="checkbox"/> Freight (Class) A B C1 C2 C3	<input type="checkbox"/> Limited Use, Limited Access	<input type="checkbox"/> Stage Lift	<input type="checkbox"/> Dumbwaiter	<input type="checkbox"/> Escalator Speed Walk	<input type="checkbox"/> Residential Part V	<input type="checkbox"/> Special Purpose Elev
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E. LIFT EQUIPMENT SPECIFICATIONS (Please complete applicable portions)

8	Date of Contract	Name of Lift Mfr	No Landings	Total Travel: Ft. In	Net Inside Car Dimension: sq.ft.	Rated Load:	Rated Speed
9	Hoistway Door Type	How doors operated Power Manual	Locking device for doors:	Hoistway Size (L x W):	Hoistway Fire Rating Hr(s)	Hoistway Access switch provided? Yes No	
10	Type of Cam: Stationary Retiring	Landing Gates? Yes No	Locking Device for Landing Gate:	Number of Car openings: Doors Gates	Electric Contacts: Yes No	Power Operated? Yes No	
11	Top runby: Ft. In	Bottom Runby: Ft. In	Overhead Clearance Ft. In	Pit Depth Ft. In	Type Buffers	Buffer Size in	Buffer Stroke in
12	Machine Location	Machine Make & type	Brake Type	Kind of Power Electric Hydraulic	Horsepower	Limit Switches Yes No	
13	Volts:	Amperes:	Phase:	Type of Operation:	Guide Rail Type:	Size of Guide Rails Car Counterweight	
14	Hoisting Cables No. Size	Cable Material Type	Drum Size: Drive Sheave Size:	Slack Cable Switch Yes No	Car Weight	Car Weight With Rated Load	

F. FIRE SAFETY DEVICES & EQUIPMENT

15	Fire Fighter Service Yes No	Smoke Sensing Control Yes No	Designated Evacuation Level: _____	Sprinklers Installed? Yes No	Sprinkler Location Hoistway Mach Rm
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G. MECHANICAL SAFETY DEVICES

16	Safety Device Type:	Manufacturer's Name	Manufacturer's ID Number	Approved Capacity:	Speed Governor Type:	Mfr's ID Number
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H. PLAN REVIEW, INSPECTION & CERTIFICATE FEES

17	Total Purchase Cost: \$ _____	Initial Certificate Fee: = \$25.00	Plan Review Fee (1.5% of total cost): = \$ _____*	Office Use Only
	*Minimum plan fee \$225.00 (Includes Certificate Fee)	Total Fee (Plan review & Cert) = \$ _____		

18 I certify that the above statements are true and accurate to the best of my knowledge and belief.

Applicant Signature _____ Title _____ Date Signed _____

Wisconsin DILHR
Safety Buildings Division
Elevator Safety Section

APPLICATION Lifts for the Disabled

Submit Plans / Fees to:
401 Pilot Ct., Suite C
Waukesha, WI 53188
(414) 521-5444

Application is now made to the Department of Industry, Labor and Human Relations for permission to install or remodel the item referenced herein in accordance with the detail documents submitted herewith and subject to the orders of the Department. The installation will also include the details described below and in the plans submitted herewith with include the following information:

- A. A floor and sectional plan of car and hoistway, including all car entrances and required dimensions (Architectural Drawing)
- B. 4 copies of the plans and specifications, stamped by a registered architect or engineer representing the plans conform to the approved building plans (Installers Shop Drawing)
- C. A copy of the approval letter or verification of plan approval from Safety & Buildings Division(Bureau of Buildings & Structures)
- D. The appropriate fees as described and calculated below

A. TYPE OF APPLICATION: NEW INSTALLATION REMODEL / Existing Installation

B. APPLICANT/OWNER/BUILDING DATA:

1 Owner's Name / Property Manager	Billing Address	Project Name
2 Number & Street		Project Street Address
3 City	County	Zip Code
	Lift Address	City
4 Building used for(Type occupancy)	DILHR USE : Building ID No. _____ ONLY: _____ Plan ID No: _____	

SAMPLE

C. INSTALLER INFORMATION:

5 Lift Equipment Installer:	Address	Contract Date	Name of Lift Mfr
6 (REMODEL) List Applicable sections of ASME A17.1, Section 1200:	(Submit copy of accepted proposal detailing scope of work)		Wi Registration No.

D. LIFT EQUIPMENT TYPE (Please check one)

7 <input type="checkbox"/> Vertical Wheel Chair Lift	<input type="checkbox"/> Inclined Wheel Chair Lift	<input type="checkbox"/> Stairway Chair Lift
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E. LIFT EQUIPMENT SPECIFICATIONS (Please complete applicable portions)

8 Total Travel:	Rated Load:	Rated Speed	Hoistway Size	Hoistway, Enclosure of:	
Ft _____ In _____					
9 Hoistway Door Type	How doors operated	Locking device for doors:	Number of Hoistway Doors		
10 Height of Landing Gates	# of Landing Gates	Locking Device for Gate:	Number of Car openings:	Electric Contacts:	
			Doors _____ Gates _____	Yes _____ No _____	Yes _____ No _____
11 Volts:	Amperes:	Phase:	Type of Drive Unit	Hydraulic:	Rack & Pinion
			_____	Roped _____ Direct _____	Yes _____ No _____
12 Hoisting Ropes	Rope Material Type	Sheave Dia :	Slack Rope Switch	Car Weight	Car Weight With Rated Load
No. _____ Size _____			No _____ Yes _____		

F. MECHANICAL SAFETY DEVICES

13 Safety Device Type:	Manufacturer's Name	Manufacture's ID Number	Speed Governor Type:	Approved Capacity:	Mfgs ID Number
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G. PLAN REVIEW, INSPECTION & CERTIFICATE FEES

17	Total Purchase Cost: \$ _____	Initial Certificate Fee: _____ = \$25.00	Plan Rev Fee(1.5 % of cost): _____ = \$ _____	Office Use Only
	* Minimum plan fee \$225.00 (With Cert.)	Total Fee(Plan Rev. & Cert.) = \$ _____		
18	I certify that the above statements are true and accurate to the best of my knowledge and belief.			
	Applicant Signature _____	Title _____	Date Signed _____	

SBDS - 7316 (R 05/95)

Wisconsin Department of Industry,
Labor and Human Relations
Safety and Buildings Division

ELEVATOR INSPECTION REPORT

Elevator Section
P. O. Box 7969
Madison, WI 53707
(608) 267-9606

Region		Occupant			File No.	Y Date	A Date
Street and Number		City			E -	Registration No	
Description - Type of Unit				A17.1	Owner or Agent and Address		
No. of Car Entrances	No. of Landings	Class No	St				
211 3	Detectors Tested?						
No. of Cables	Size of Cables	Capacity (lbs)	Hydraulic	Speed (F.P.M.)	Inspection Date	Compliance Date	Reinspection Date
Contact Person (Name & Title)				CO	NC	1.	
						2.	
						3.	
Elevator Inspector						4.	

Item No	Code Section ILHR	CN	REQUIREMENTS

SAMPLE

IMPORTANT:

- Please report in writing when orders are completed. **AVOID DELAY.**
- Forfeiture for violations are \$10 to \$100 for each day and for each violation.
- Keep us informed Call (608) 267 9606 with any questions.
- Please include registration number with any correspondence regarding this report.

Wisconsin Department of Industry,
Labor and Human Relations
Safety and Buildings Division

SAFETY DEVICE AND GOVERNOR TEST REPORT

Elevator Safety Section
P O Box 7969
Madison, WI 53707
(608) 267-3576

(In compliance with Elevator Code Sections ILHR 18 and A17.1 1002.3)

Safety Test Run Away Test

City _____	Premises _____	State Registration Number _____
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Occupant _____

Owner or Agent _____	Owner/Agent Address _____
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1. Rated Capacity _____ lbs. Rated Speed _____ F.P.M. Pass _____ Frt. _____

2. Machine Drum Type _____ Traction _____ Safety Manufacturer Name _____
Governor Manufacturer Name _____

3. Type Safety (circle one): Instantaneous; Wedge-clamp; Gradual wedge-clamp; Flexible-guide-clamp;
Combination Instantaneous and Oil Buffer.

4. Before the safety test is made, the governor shall be checked for correct tripping speed. Governor set to trip
at _____ F.P.M. Actual Car Speed _____

5. Was safety tested with contract load in the car? Yes No If no, pounds tested? _____

6. Governor Rope: Manila; 6 x 19 _____ Iron or Steel; Size _____
Condition or governor rope or cable after _____

7. Length of marks on guide rails made by safety jaws: R.H. Rail _____ "
L.H. Rail _____ "

8. Did car set out of level? Yes No If yes, inches out of level _____

9. Did governor set satisfactorily? Yes No Remarks _____

10. Did safety test prove satisfactory? Yes No Remarks _____

11. Was the tag fastened to the governor release carrier? Yes No

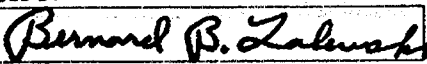
The above safety and governor tests were made in compliance with the Wisconsin Administrative Code Sections
ILHR 18 and A17.1 1002.3 and proved satisfactory.

Firm Performing test _____

Tester's Signature _____ Date Tested _____

**REPORTS SHALL BE FILED WITH THE DEPARTMENT OF INDUSTRY, LABOR AND HUMAN RELATIONS WITHIN FIFTEEN (15)
DAYS AFTER THE TEST DATE.**

Copy Distribution: Green - To be retained by firm or person performing tests
Pink - To be sent to the Safety & Buildings Division, P.O. Box 7969, Madison, WI 53707
Yellow - To be retained by owner or tenant

DEPARTMENT OF INDUSTRY, LABOR & HUMAN RELATIONS		SAFETY & BUILDINGS DIVISION	
CERTIFICATE OF OPERATION		P.O. Box 7969 Madison WI 53707 Phone	
For	Registration No.		FILE NUMBER
THIS IS TO CERTIFY THAT THE EQUIPMENT DESCRIBED MEETS APPLICABLE STANDARDS OF THE WISCONSIN ADMINISTRATIVE CODE CHAPTER ILHR			
ISSUED TO	SAMPLE		INSPECTING AGENCY NAME
			AGENCY PHONE NUMBER
			AUTHORIZED INSPECTOR
		INSPECTION DATE	CERTIFICATION EXPIRES
ISSUED BY			
			

SBD 252 (R 07 89)

PLEASE POST ON PREMISES

FEEES FOR ELEVATORS AND RELATED EQUIPMENT

Comm 2.15 Elevators, power dumbwaiters, escalators, moving walks and ramps, lifts for the physically disabled and material lifts. (1) PLAN EXAMINATION, APPLICATION AND INSPECTION FEES. Fees for the initial inspection and for the examination of plans or for an application for installation or alteration, or both, submitted in accordance with the requirements of ch. Comm 18, shall be determined at the rate of 1.5% of the cost to the purchaser, excluding building construction. The minimum fee shall be \$200.00.

(2) INSPECTION FEES. Fees for periodic inspections and reinspections of all classes of elevators and lifting devices within the scope of ch. Comm 18 shall be determined in accordance with Table 2.15-1.

Table 2.15-1

Number of Landings	Inspection Fee
0-4	\$35.00
5-10	\$65.00
11 or more	\$95.00

(3) CERTIFICATES OF OPERATION. The department shall issue a certificate of operation for each elevator upon receipt of the inspection report indicating the elevator satisfies the minimum operating standards specified in ch. Comm ILHR 18. The fee per certificate shall be \$25.00.

History: Cr Register, June, 1992, No. 438, eff. 7-1-92; am. (3) and r. Table 2.15-2, Register, October, 1996, No. 490, eff. 11-1-96.

NFPA 13, Table 2-2.3.1

Temperature Ratings, Classifications, and Color Codings

Maximum Ceiling Temperature		Temperature Rating		Temperature Classification	Color Code	Glass Bulb Colors
°F	°C	°F	°C			
100	38	135 to 170	57 to 77	Ordinary	Uncolored or Black	Orange or Red
150	166	175 to 225	79 to 107	Intermediate	White	Yellow or Green
225	107	250 to 300	121 to 149	High	Blue	Blue
300	149	325 to 375	163 to 191	Extra High	Red	Purple
375	191	400 to 475	204 to 246	Very Extra High	Green	Black
475	246	500 to 575	260 to 302	Ultra High	Orange	Black
625	329	650	343	Ultra High	Orange	Black