



<b>9 Hoistway Opening</b>	
<input type="checkbox"/> Door	<input type="checkbox"/> Gate
<input type="checkbox"/> 1 1/2 Hr Fire Rated Construction Type	
Operation	<input type="checkbox"/> Manual <input type="checkbox"/> Power
<input type="checkbox"/> Self Closing	<input type="checkbox"/> Facias
<input type="checkbox"/> Vision Panel with Grilles	<input type="checkbox"/> Vision Panel
<input type="checkbox"/> Interlocks	<input type="checkbox"/> Locks and Contacts
Type	Manufacturer
Number of Openings:	
Front	Side
Rear	Total:
<input type="checkbox"/> Self Closing Emergency Doors In Blind Hoistway	
<input type="checkbox"/> Interlock in Blind Hoistway	

<b>10 Pit and Buffers</b>				
Car Buffer:				
Engagement Speed	F.P.M.	Stroke	feet	in
Manufacturer				
Type:	<input type="checkbox"/> Spring	<input type="checkbox"/> Oil		
Counterweight Buffer:				
Engagement Speed	F.P.M.	Stroke	feet	in
Manufacturer				
Type:	<input type="checkbox"/> Spring	<input type="checkbox"/> Oil		
<input type="checkbox"/> Compensation Chain	Length	ft		
<input type="checkbox"/> Compensation Rope	Length	ft		
Counterweight Screen Guard	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Occupied Space Below Pit	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

<b>11 Machine and Machine Room</b>									
Location of Machine					Manufacturer				
Machine Type:	<input type="checkbox"/> OH Worm Gear Traction	<input type="checkbox"/> Bsmnt Worm Gear Traction	<input type="checkbox"/> Gearless Traction	<input type="checkbox"/> Oil Hydraulic	<input type="checkbox"/> Drum	<input type="checkbox"/> Drum w/ Slack Cable Switch			
	Quantity	Size	Ultimate Strength	Material					
Hoist Ropes				Iron	Steel	Ultrastrength Steel			
Car Counterweight Ropes				Iron	Steel	Ultrastrength Steel			
Machine Counterweight Ropes				Iron	Steel	Ultrastrength Steel			
Car Governor Ropes				Iron	Steel				
Counterweight Governor Ropes				Iron	Steel				
Car Governor	Location:		Tripping Speed	F.P.M.	Type	Fly Ball	Centrifugal		
Counterweight Governor	Location:		Tripping Speed	F.P.M.	Type	Fly Ball	Centrifugal		

<b>12 Fee Information</b>	
Estimated Cost:	Fee Exempt (Proof Required)

<b>13 Statements and Signatures</b>	
I hereby state that all of the above information is complete and correct to the best of my knowledge.	<b>Seal (P.E. or R.A.)</b>
Falsification of any statement is a misdemeanor under Section 26-124 of the Administrative Code and is punishable by a fine or imprisonment, or both.	
It is unlawful to give a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both.	
<b>Replacement / Modification Statement</b>	
I am filing this Replacement/Modification Application for consideration under Operations Policy and Procedure Notice #26/90. I certify that no electrical or mechanical tests need to be performed in conjunction with this work.	Applicant Name
I have assumed responsibility for making inspections during the progress and upon completion of the indicated work. Upon completion I will file Form ELV-3 to sign-off on the completed work and to remove all applicable violations.	Signature <span style="float: right;">Date</span>

<b>14 Insurance</b>		
Compensation insurance has been secured in accordance with the requirements of the Workman's Compensation Law as follows:		
<input type="checkbox"/> Insurance Certificates/Policies on file with the Department of Buildings <input type="checkbox"/> Insurance Certificate/Policies submitted with this application		
Insurance Company	Certificate/Policy No.:	Expiration Date

<b>Internal Use - Fee Estimator</b>	
Amount Due:	Fee Estimator Name
Amount Paid:	Signature <span style="float: right;">Date</span>

<b>Approvals</b>	
Examined and Recommended for Approval	Approved
Examiner Name	Assistant Commissioner Signature
Signature <span style="float: right;">Date</span>	