

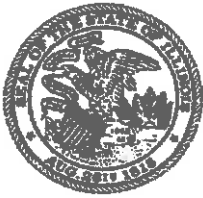
City of Sandwich
Building Department
144 E. Railroad Street
Sandwich IL 60548
815-786-8802

Elevator/ Stair lift

This informational guideline has been developed to identify the minimal requirements to install an elevator or conveyance (escalator, stair lift, etc.). The information provided outlines information that is pertinent to the City of Sandwich's adopted Building Codes, Ordinances and required inspections. These guidelines are by no means all inclusive, but they do identify the most critical requirements that are involved in this type of project.

Need to Submit

- 1. Building permit application**
 - a. Application shall be completed with all required information that is pertinent to the proposed scope such as: site address, description of work, contractors to be used on job, total cost of job, applicant contact information.
- 2. Provide plans and elevations indicating:**
 - a. Plans, description and specifications of product/ equipment to be installed (3 copies must be submitted to Sandwich Building department with permit application)
 - b. State Fire marshal approval in writing/ Permit application is included in this packet
 - c. Review and approval from City of Sandwich Fire department
- 3. Owner approval**
 - a. Signed permit
- 6. Procedure steps**
 - b. Fill out application for permit.
 - c. Approval will be given/ denied from the building department and applicant will be informed of decision.
 - d. A permit fee of \$150.00 must be submitted. (Alteration fee) and Sandwich Fire Department fees (to be determined) must be paid
 - e. Inspections needed. Applicant **MUST** make these calls to set up inspections.
 1. Rough inspection
 - a. In conjunction with any state fire marshal requirements.
 2. Final inspection includes inspection of:
 - a. Inspection (witness of testing and operation of equipment in conjunction with State Fire marshal and Sandwich Fire Department.



Office of the Illinois State Fire Marshal
 Division of Elevator Safety
 James R. Thompson Center
 100 West Randolph Street, Suite 4-600
 Chicago, IL 60601
 312-814-1325
 Fax 312-814-3459



Application for Conveyance Permit

This *Application for Conveyance Permit* form is strictly for approval to erect, install, construct or materially alter any elevator, escalator, platform lift, power-driven stairway and stairway chairlift (collectively hereinafter referred to as "conveyance") located within the State and in those instances where the local governmental authority does not regulate conveyances. According to the *Elevator Safety and Regulation Act [225 ILCS 312 et. Seq.]* this application must be submitted by a contractor licensed by the State of Illinois

This *Application for Conveyance Permit* form must be submitted with a set of plans and specifications that show the location of the machinery room and the equipment to be installed, relocated, or altered, and all structural supporting members, including foundations. The specifications shall include all materials to be employed and all loads to be supported or conveyed. These plans and specifications shall be sufficiently complete to illustrate all details of construction and design.

Please mail the *Application*, plans and specifications to the Office of the State Fire Marshal, Elevator Safety Division, James R. Thompson Center, 100 W. Randolph, Suite 4-600, Chicago, IL 60601. Please include the appropriate Application fee and Variance fee (if applicable) and make the fee payable by check or money order to the "OSFM". The Elevator Safety Division will process the *Application* in the order they are received and shall issue for each conveyance a Permit or notify the applicant of the reason for the denial. Please allow 3 to 6 weeks for processing.

OFFICIAL USE ONLY		
Illinois Conveyance Number _____	Date Issued _____	Plan Number _____
Local Rule <input type="checkbox"/> YES _____ <input type="checkbox"/> NO _____		

1. Type of Permit & Fee

- New Installation \$400.00 Alteration \$200.00 - Illinois Conveyance Registration Number _____
- Variance/Exception Number (if applicable) _____ Permit Extension \$100.00

2. Project Location

Name of Building (or Number):	County:
Building Address (include City/State/Zip Code):	
Name of Building Owner:	
Owner's Address (if different than Building Address):	
Proposed Date of Project:	

3. Submitter

Name of Business:	Illinois Elevator Contractor License Number:
Business Address:	
City/State/Zip Code:	
Contractor Phone Number:	Contractor Fax Number:

4. Conveyance Information

General Information

Manufacturer:	Model:
Type:	Use:
Capacity (lbs):	Speed (fpm):
Landings:	Travel:
Classification:	Applicable Code:

Suspension Cables

Type:	Size:
Number of Cables:	Rope Ratio:
Breaking Strength:	

Governor

Type:	Rope Size:
-------	------------

Car

Car Enclosure Type:	Car Guide Shoes/Rollers:
Platform Size:	Inside Cab Area:

Controller

Manufacturer:	Model:
Controller Volts:	Controller Amps:
Horsepower:	

Power Unit

Manufacturer:	Model:
Motor:	Pump:
Working Pressure:	Relief Pressure:
System Working Pressure:	Valve:

Hoist Machine

Manufacturer:	Type:
Drive Sheave:	Deflector Sheave:

Jack Assembly

Working Pressure:	Plunger:
Plunger Length:	Plunger Wall Thickness:
Cylinder Length:	Cylinder Wall Thickness:
Cylinder Protection:	

Door

Size:	Type of Opening:
Finish:	

Hoistway Equipment

Buffers (type/stroke):	Car Rail Type:
Maximum Bracket Spacing:	

Machine Room - Please identify the page of the Plans where the layout of the Machine Room is shown. _____

5. Variance From Applicable Code

Are there any known exceptions to the requirements of the applicable code included in this planned project?

- No
- Yes. If yes, please attach the *Application for Conveyance Variance as Attachment A* with a written explanation. (Variance fee \$300)
- Please attach as *Attachment B* any other information that you feel may be pertinent to the agency's review of the submitted plans.

6. Signature

Signature _____	Date: _____
Print Name (and Title) _____	
Name of Company _____	
Address _____	
Contact Phone Number _____	