



**CITY OF NAPERVILLE
DEVELOPMENT SERVICES TEAM
ELEVATOR INSTALLATION/MODERNIZATION/REPAIR**

Permit # _____

Complete this application and submit it to the Development Services Team, 400 S. Eagle Street, Naperville. This application must be accompanied by detailed plans and specifications (4 COPIES) and payment (see Building Permit Fee Schedule for additional information). For further information contact the Development Services at (630) 420-6100 option 2.

**All information must be completed. Incomplete applications will not be accepted.
Please type or print clearly.**

Elevator Address _____

Owner _____
Address _____
City _____ ST ___ Zip _____
Phone (____) _____
Email _____
Contact Name: _____

State of Illinois ID# (s) _____
(Existing elevators)

Applicant _____
Address _____
City _____ ST ___ Zip _____
Phone (____) _____
Email _____
Contact _____

Elevator Contractor _____
Address _____
City _____ ST ___ Zip _____
Phone (____) _____
Email _____
Contact _____

General Contractor _____
Address _____
City _____ ST ___ Zip _____
Phone (____) _____
Email _____
Contact _____

Number of Elevators _____
Type _____
Model _____
Capacity _____
Elevator Car # _____
Estimated Cost _____

Description: _____

ITEMS SUBMITTED:

- Application
- Payment of Permit Fees
- 4 Copies of Plans & Specifications (shop drawings)

APPLICANT REPRESENTS: (Please check one.)

- a. Natural Person (Self) -- _____
- b. Corporation -- _____
- c. Land Trust/Trustee -- _____

- d. Trust/Trustee -- _____
- e. Partnership -- _____
- f. Joint Venture -- _____
- g. Other (describe) _____

If in your answer above you checked b, c, d, e, f, or g, identify by name and address each person or entity which is a minimum 5% shareholder in the case of a corporation, a beneficiary in the case of a trust or land trust, a joint venture in the case of a joint venture, or who otherwise has a proprietary interest, interest in profits and losses or right to control such entity:

<u>Name</u>	<u>Address</u>	<u>Interest</u>
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____

UNDER THE PENALTIES OF PERJURY AS PROVIDED BY LAW, THE UNDERSIGNED CERTIFIES THAT THE STATEMENTS SET FORTH IN THIS APPLICATION, PLANS, SPECIFICATIONS AND PLAT ARE TRUE AND CORRECT AND ARE IN ACCORDANCE WITH THE PROVISIONS AND REGULATIONS OF THE BUILDING CODE AND ALL OTHER CODES AND ORDINANCES OF NAPERVILLE APPLICABLE THERETO AND IN FORCE WHEN CONSTRUCTION IS COMMENCED. IF THE APPLICANT KNOWINGLY FALSIFIES ANY INFORMATION IN THIS APPLICATION, APPLICANT SHALL BE CONSIDERED IN VIOLATION OF SECTION 1-12-4 OF THE NAPERVILLE MUNICIPAL CODE AND SHALL BE FINED NOT LESS THAN FIFTY DOLLARS (\$50) NOR MORE THAN FIVE HUNDRED DOLLARS (\$500).

(Please check here. _____) I HAVE READ AND UNDERSTAND THE CONSTRUCTION SITE SAFETY REQUIREMENTS OF THE CITY OF NAPERVILLE. (Please initial here.) _____

I, _____, being the applicant or owner of the premises in which the elevator installation(s) shall be made, agree to conform with and abide by all the rules, regulations, and provisions of the City Ordinances pertaining to the installation and maintenance of elevators now or hereafter in force.

SIGNATURE OF APPLICANT _____ **DATE** _____

SIGNATURE OF OWNER/AGENT _____ **DATE** _____

FOR OFFICE USE ONLY

Approved by: _____ Elevator Permit Fee: \$ _____ Date: _____

ELEVATORS

APPLICATION FOR INSTALLATION

1. Any person desiring to install an elevator in any premises within the City of Naperville shall make an application in writing to the Chief Building Official if the City, on a form provided by said official.
The Application shall include:
 - 1.1 The common address, legal description, property index number and signature of the owner of the premises in which the installation shall be made.
 - 1.2 Detailed plans and specifications for such elevator installation for use of the Chief Building Official in making inspections of the installation, including:
 - 1.2.1 The number of elevators, type and model of each elevator and the capacity of each elevator.
 - 1.2.2 The location of each elevator.
 - 1.2.3 The name and address of the contractor who will perform the work or service.
 - 1.3 A written agreement that the applicant will conform and abide by all the rules, regulations and provisions of the City ordinances pertaining to the installation and maintenance of elevators then or thereafter in force.
2. Installation: Installation shall not commence until such plans and specifications have been furnished and approved.
3. Application Copies: A copy of the application, upon issuance, shall be retained by the City Clerk, the Chief Building Official and the applicant.
4. No City Liability:
 - 4.1 Approval of detailed plans and specifications by the Chief Building Official, the department of Community Development or the City will not constitute responsibility by the City for the adequacy, completeness, correctness or reliability of the plans and specifications.
 - 4.2 The final responsibility for the plans and specifications rest with the individual or entity providing such plans and specifications with the permit application.
5. Work To Conform To Plans: All work performed and all materials used shall be in accordance with the plans and specifications submitted with the application for permit and any revisions or changes from the plans submitted shall be considered a violation of this Article unless approved by the Chief Building Official.

6. Inspections: The following requirements shall apply to the inspection of new and existing elevators:
 - 6.1. Following application for an elevator installation permit, but prior to regular operation of such elevator, **a newly-installed elevators** shall be inspected and approved for operation by the chief Building Official, or his designee.
 - 6.2. All existing elevators located within the City shall be inspected and approved for operation every six (6) months by the Chief Building Official, or his designee.
 - 6.3. **Renewal** inspections shall be scheduled **with the certified and registered elevator inspector/company**.
 - 6.4. With **each** such inspection, there shall be paid to the **elevator inspection company** the appropriate **fee**.
7. Certificate of Inspection: It shall be unlawful to operate an elevator in the City without a current certificate of inspection.
 - 7.1. All inspected elevators that meet City requirements shall be issued a certificate by the **inspector/inspection company with a report sent to the Chief Building Official of approved inspections**.
 - 7.2. Each such certificate in inspection shall be valid for six (6) months after issuance.
 - 7.3. Certificates shall be clearly displayed within the elevator for which it was issued.
 - 7.4. The issuance of certificates of inspection will not relieve the operators of elevators from responsibility for the safe, reliable and adequate operation of the elevators and shall not constitute responsibility by the Chief Building Official, the Department of Community Development or the City for the adequacy, safety or reliability of any elevators for which a certificate of inspection has been issued.
8. Please refer to the Building Permit Fee Schedule for additional information.

Elevator New Construction and Modification Plan Review Required Documents

For either new construction or modification plan review submittal, we require the following: **FOUR** sets of elevator layout shop drawings with address of building and number of elevator(s) stamped “FINAL”, an information sheet containing building address, name, elevator # and type, capacity, # of stops, and elevator type of power.

<u>Permit Description</u>	<u>Documents Required</u>	<u>Sets</u>
Cylinder	Our cylinder sheet, specs/scope of work job specific, catalog cut sheets, layout drawing showing cylinder, pit equipment, run bys, and rise	4 of all marked “FINAL”
Valve	Our info sheet, specs/scope of work job specific, catalog cut sheets specific to valve replacement *Shut off if not one provided	4 of all marked “FINAL”
Tank, Pump, Valve, Oil Line, & Muffler	Our info sheet, specs, catalog cut sheets of specific pump unit, *mech room layout showing location of new and existing equipment*, and door swing *Note: Shutoff to be installed in room if not done already	4 of all marked “FINAL”
Full Mod Controller Cop	Our info sheet, specs/scope of work, catalog cut sheets of specific controller for mod, machine room layout showing new controller and any existing equipment show elec service and door location	4 of all marked “FINAL”
Fixtures	Our info sheet, specs/scope of work, catalog cut sheets, layouts showing actual fixtures and locations	4 of all marked “FINAL”
Door package, New operator, Tracks hangers, Door equipment *Not sensors if only that alone	Our info sheet, specs/scope of work, catalog cut sheets, layouts if applicable	4 of all marked “FINAL”
New Install	Elevator layout shop drawings, address of building, number of elevator (s), stamped “FINAL”	4 of all marked “FINAL”

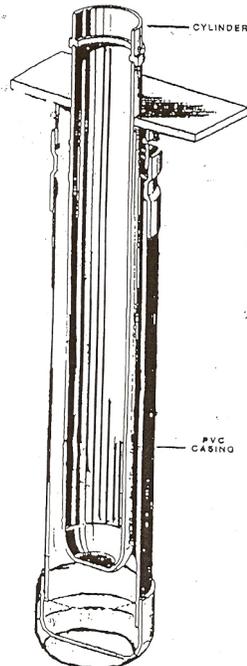
ELEVATOR CYLINDER REPLACEMENT FORM

- Complete form
- Stamp each set "Final Shop Drawing"
 - Set includes:
 - Our cylinder sheet
 - specs/scope of work job specific
 - catalog cut sheets
 - layout drawing showing: cylinder, pit equipment, run bys, and rise
- Submit the stamped four (4) sets for review
 - This is your plan review packet/documents

Date: _____

Job Location: _____	Elev Co: _____ IL# _____
Address: _____	Contact: _____
Village/Town/City: _____	Phone: _____
	Fax: _____
	Email: _____

Unit #: _____ **Reg#** _____ **Type:** Pass Freight **Speed:** _____ **FPM**
Capacity: _____ **# of Floors:** _____ **Total Travel:** _____



(**To be Installed**)

ELEVATOR VALVE REPLACEMENT FORM

- Complete the Valve Replacement Form
- Stamp each set “Final Shop Drawing”
 - Set includes:
 - Our info sheet
 - Specs/scope of work job specific
 - Catalog cut sheets specific to valve replacement
- Submit the stamped four (4) sets with your plan review packet
 - This is your plan review packet/documents

Date: _____

Job Location: _____

Address: _____

Village/Town/City: _____

Elev Co: _____ IL# _____

Contact: _____

Phone: _____

Fax _____

Email: _____

Unit #: _____ **Convey/Reg#** _____ **Type:** Pass Freight **Speed:** _____ **FPM**

Capacity: _____ **# of Floors:** _____ **Total Travel:** _____

TYPE OF VALVE

Quick Release Fitting

ELEVATOR

FULL MOD-CONTROLLER / FIXTURE COP / DOOR PACKAGE

Check box which applies:

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- Complete form
 - Stamp each set “Final Shop Drawing”
 - Set includes:
 - Our info sheet
 - Specs
 - Catalog cut sheets of specific pump unit
 - *Mech room layout showing location of new and existing equipment*
 - Door swing, disconnect locations main and car light
 - Submit the stamped four (4) sets with your plan review packet
 - This is your plan review packet/documents
- ❖ **If your mod includes all that is listed above, submit all info with your plan review package.**
- Check box which applies to your project**
- ❖ **Hydraulic equipment to be submitted on separate info forms**

Date: _____

Job Location: _____
Address: _____
Village/Town/City: _____

Elev Co: _____ IL# _____
Contact: _____
Phone: _____
Fax: _____
Email: _____

Unit #: _____ **Reg#** _____ **Type:** Pass Freight **Speed:** _____ **FPM**

Capacity: _____ **# of Floors:** _____ **Total Travel:** _____

TYPE OF CONTROLLER

Motion, Swift, Vertitron, etc.

TYPE OF DOOR EQUIPMENT

GAL, ECI, MAC, etc.

TYPE OF FIXTURE EQUIPMENT

Innovation, Adams, etc.

TANK/PUMPING UNIT/OIL LINE/MUFFLER - VALVE REPLACEMENT FORM

- Complete form
- Stamp each set "Final Shop Drawing"
 - Set includes:
 - Our info sheet
 - Specs
 - Catalog cut sheets of specific pump unit
 - *Mech room layout showing location of new and existing equipment*
 - Door swing
- Submit the stamped four (4) sets with your plan review packet
 - This is your plan review packet/documents

Date: _____

Job Location: _____
Address: _____
Village/Town/City: _____

Elev Co: _____ IL# _____
Contact: _____
Phone: _____
Fax _____
Email: _____

Unit #: _____ **Reg#** _____ **Type:** Pass Freight **Speed:** _____ **FPM**
Capacity: _____ **# of Floors:** _____ **Total Travel:** _____

TYPE OF TANK (PUMP)

TYPE OF VALVE
Quick Release Fitting _____

ASME A17 Upgrades Due January 1, 2015

- Complete form
- Stamp each set “Final”
 - Set Includes:
 - This Sheet
 - Any and All Specifications
 - Scope of work on licensed elevator contractor’s letterhead
 - Catalog cut sheets for each item
 - Layout showing location of new and existing equipment as applicable for each item
 - On every document submitted, the name and address of the project and elevator contractor should be listed as well as the conveyance number
- Submit the stamped (4) sets to AHJ (Municipality)

Date: _____

Job Location: _____ Address: _____ Village/Town/City: _____ Name of Building Owner: _____ Owner’s Address (if different than Building Address): _____	Elev Co: _____ IL# _____ Contact: _____ Phone: _____ Fax: _____ Email: _____
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Unit #: _____ **Reg#** _____ **Type:** Pass Freight **Speed:** _____ **FPM**
Capacity: _____ **# of Floors:** _____ **Total Travel:** _____

Check Box if Applicable	Upgrades Due by January 1, 2015	A17.1 (2010) Section	A17.3 (2005) Section
<input type="checkbox"/>	(ii) Car Illumination	8.7.2.14.2(g)	3.4.5
<input type="checkbox"/>	(iii) Emergency Operation and Signaling Devices	8.7.2.28	3.11
<input type="checkbox"/>	(iv) Phase Reversal and Failure Protection	8.7.2.11.5	3.10.6
<input type="checkbox"/>	(v) Reopening Device for Power Operated Doors or Gates	8.7.2.13	2.8.2
<input type="checkbox"/>	(vi) Stop Switch and Pits	8.7.2.27.8	2.3.3
<input type="checkbox"/>	(vii) Pit Ladder Installation in Accordance with Section 2.2.4.2 of ASME A17.1-2007	2.2.4.2	n/a