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| Seal.jpg | **Commonwealth of Massachusetts****Division of Occupational Licensure****Office of Public Safety and Inspections****APPLICATION FOR EMERGENCY ELEVATOR PERMIT****Use in conjunction with OPSI *Policy for Emergency Alterations, Permitting, and Inspection of Elevators*****E-mail completed application to:** **elevator.supervisor@mass.gov** |

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|  | **Name** | **Address** | **City, State & Zip Code**  |  |
| **Location of Elevator** |       |       |       |  |
| **Elevator Owner** |       |       |       | **Email:**       |
| **Elevator Company** |       |       |       | **Email:**       |
| **MA Elevator Contractor Registration Number** |       |
| **Instructions: Review the *OPSI Policy for Emergency Alterations, Permitting, and Inspection of* *Elevators* prior to completing this application. To ensure a timely application we strongly recommend that you apply on line through our (IPS) Inspection and Permitting System Customer Portal.** [**https://massdpsportal.secure.force.com**](https://massdpsportal.secure.force.com) **- All requested information must be provided. Incomplete applications will not be processed. Each application is for 1 unit only unless it is a replacement. No emergency work shall commence until this application has been e-mailed to the address listed above and an approval has been received. If you do not receive an e-mail response within 1 hour of submission, you may begin the work provided that you first send a follow-up e-mail advising that the work will commence. Once approved, the name of the approving supervisor and date of approval shall be noted on the bottom of this application which shall then be returned and must be posted in a public visible location on the work site. A copy of this application and required fee must then be submitted to Office of Public Safety and Inspections, Elevator Division, One Federal Street, Boston, MA *02110-2012* by 9 a.m. the next business day after approval. Make checks payable to the “Commonwealth of Massachusetts.”** |
|  **Identify the nature of the emergency (check every box that applies)****The unit is located in:** **[ ]  hospital** **[ ]  nursing home** **[ ]  jail/prison/correctional facility** **[ ]  MBTA facility** **The unit is:** **[ ]  the designated EMS elevator in a building** **[ ]  the lone elevator serving an entire building** **[ ]  Other: (please explain)**       |
| **Type of Elevator** | **Type of Drive** | **Specifications** | **Permit Fee** |
| [ ]  **Passenger**[ ]   **Freight**[ ]  **Escalator**[ ]  **Residence**[ ]  **Wheelchair**[ ]  **Dumbwaiter**[ ]  **LU/LA**[ ]  **Moving Walk**[ ]  **Stage Lift**[ ]  **VRC**[ ]   **MRL****[ ]  Auto Park Device**[ ]  **Other**       | [ ]  **Traction**[ ]  **Drum**[ ]  **Direct Hydraulic**[ ]  **Roped Hydraulic**[ ]  **Rack & Pinion**[ ]  **Belt**[ ]  **Chain & Sprocket**[ ]  **Screw**[ ] **Other: Please Specify**      | **Capacity (lbs):**      **Speed (fpm):**       **Total Travel (ft):**      **# of Landings:**      **State ID #**       | **Fee is $40 plus $10 per every $1000 of the contract value of the work to be performed. Calculate fee by filling in spaces below:** **x .01** =  ⭢ **Contract value**  **Subtotal** **+ $40 =** **Subtotal (from above)**  **Total Fee Due****Check Number:** * **Contract value is calculated by rounding the actual contract value of the project down to the nearest thousand dollars. (e.g.- $1600 actual contract value is a $1000 contract value for permit fee purposes)**
* **Minimum permit fee is $40. Contract values under $1000 require only the $40 fee.**
* **Proof of contract value must be submitted with application.**
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| **Please clearly describe all work you are requesting a permit for (attach additional sheets if needed):**       |
| **This application must be submitted under the name of a representative of a Massachusetts Registered Elevator Contractor who will be deemed responsible for ensuring that any work performed to the above referenced unit under this emergency permit is done so in accordance with the Policy.****Name of elevator company representative responsibla for compliance with the *Policy:***      ***By typing your name above you agree that it is valid as your signature.***  |