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| Seal.jpg | **Commonwealth of Massachusetts** **Division of Occupational Licensure****Office of Public Safety and Inspections****APPLICATION FOR PERMIT FOR ELEVATOR CONSTRUCTION PER CMR 524****FOR INSTALLATION, MODERNIZATION, COMPLETE UPGRADE ALTERATION,** **ALTERATION, OR DECOMMISSION** |

**Name of Owner**: **Date**:

**Address**:       **Owner E-mail**:

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|  | **Name** | **Address** | **City/State** | **Zip** |
| **Location of Elevator** |       |       |       |       |
| **Elevator Company** |       |       |       |       |
| **MA Elevator Contractor Registration Number** |       |
| **All requested information must be provided. Incomplete applications will not be processed. Application is for 1 unit only. Applications for new installations or complete upgrade alteration must be submitted with 2 sets of plans stamped & signed by a registered architect/engineer (one in hard copy and one in electronic submission). A non-refundable check payable to the “Commonwealth of Massachusetts” must be submitted at the time of application. Please allow adequate time for mail delivery, or 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. No work shall commence until a permit has been granted and posted in a conspicuous location at the work site. No new elevator shall be operated for the benefit of the general public until it has been completed in accordance with the approved plans and specifications, and until the Office of Public Safety and Inspections has issued a Certificate of Inspection.**  |
| **Type of permit**: **[ ]**  **New Installation** **[ ]  Modernization** **[ ]  Complete Upgrade** **Alteration**  [ ]  **Alteration** **[ ]  Decommission** |
| **Type of Elevator** | **Type of Drive** | **Specifications** | **Permit Fee** |
| **[ ] Passenger****[ ] Freight****[ ] Escalator****[ ] Residence****[ ] Wheelchair-Private****[ ] Wheelchair-Commercial****[ ] Dumbwaiter****[ ] LULA****[ ] Moving Walk****[ ] Stage Lift****[ ] Other**  | **[ ] Traction****[ ] Drum****[ ] Direct Hydraulic****[ ] Roped Hydraulic****[ ] Rack & Pinion****[ ] Belt****[ ] Chain & Sprocket****[ ] Screw****[ ] Other**       | **Capacity (lbs):**     **Speed (fpm):**      **Total Travel (ft):**      **# of Landings:**      **Is this elevator replacing****another unit at the same****location?** **[ ] YES** **[ ] NO****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. Contracts 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):**       |

**Please allow 30 days for application review. Once approved a work permit will be e-mailed to the Elevator Company listed above.**

**I hereby affirm that the information provided above is true and accurate and that the elevator meets all applicable codes in effect at the time of this application (with the exception of the specific codes for which a variance has been granted). I have attached a copy of the BER variance decision with this application (if applicable). I further understand that once installed, this elevator will not be certified unless it complies with all applicable codes (and the attached variance decision) upon inspection by the Office of Public Safety and Inspections. Send application and fee to: Office of Public Safety and Inspections, Elevator Division, One Federal Street, Suite 600, Boston, MA 02110-2012.**

**Signature of Elevator Company Representitive**:

***By typing your name above you agree that it is valid as your signature.***

**Telephone number**:       **E-mail address**:       **MA Elevator Contractor Registration #:**

**For Internal Use Only: Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of review:**

**[ ]  Approved** **[ ]  Denied Reason for denial:**