



Elevator Installation Application

Department of Consumer and Business Services
 Building Codes Division • Elevator Safety Program
 1535 Edgewater St. NW, Salem, Oregon
 503-373-1298 • Fax: 503-378-4101
 Web: bcd.oregon.gov

Mail application with payment to:
 DCBS Fiscal Services
 P.O. Box 14610
 Salem, OR 97309-0445

Instructions: This application must be completed by an elevator contractor licensed in Oregon. Print or type, filling in all areas that apply to this installation. Submit three complete sets of shop drawings for each permit request. Equipment sold in Oregon must be listed by an approved testing lab or plans shall bear a registered professional engineer's stamp. Supporting documentation may be requested by BCD before approval of plans.

No installation may begin until plans are approved. All work is subject to final inspection by this division. Post each installation permit in clear view in machine room.

APPLICATION FEES	
Contract valuation	\$ _____
Plan fee: (70211/1212)	\$ _____
+ Permit fee: (70211/1195)	\$ _____
x 12% surcharge (70211/1291)	\$ _____
Total fee:	\$ _____

DEPARTMENT USE ONLY

ID no.:	Plan review by:	Date approved:
Assigned area:	Plans received:	Site no.:
Seismic zone: <input type="checkbox"/> 2B <input type="checkbox"/> 3 <input type="checkbox"/> 4	Plans checked to: ASME A 17.1 _____ and applicable codes.	

SITE INFORMATION	OWNER INFORMATION
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Site name:	Owner:
Address:	Address:
City/State/ZIP:	City/State/ZIP:
<input type="checkbox"/> New structure <input type="checkbox"/> Existing structure	

ELEVATOR CONTRACTOR INFORMATION

Elevator contractor:	Phone: - -
Address (street or P.O. Box):	Fax: - -
E-mail:	
City:	State:
Contractor's license no.:	CCB no.:
Contact name:	
Licensed supervisor/installer:	Supervisor's license no.:

Continued on next page

Secure fax for credit card payments:
503-947-2333

If paying by credit card, applicant must sign credit card information box.

Make check or money order payable to
Department of Consumer & Business Services.
 Do *not* send cash.

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Phone: _____
Credit card number _____ / _____ Expiration date
Name of cardholder as shown on credit card _____
Cardholder signature _____ \$ _____ Amount

DCBS Fiscal use only:

DEPARTMENT USE ONLY

Conveyance meets minimum safety standards; OK to permit. Date: _____

Inspection month: _____

Application must be signed by an elevator contractor representative. Unsigned applications will be returned. Request for waivers, pursuant to ORS 460.035, on this unit must be submitted separately in writing.

Contractor representative: _____ Title: _____
Signature

Print name: _____ Date: _____ Phone: _____

Comments: _____

General contractor's name: _____

Address: _____

City: _____ State: _____ ZIP: _____

ORS 460.045(3): No installation shall begin until plans are approved by the division.

ORS 460.045(6): Units shall not be placed in service until inspected by the division.

ORS 460.048: Plans and application must be submitted in triplicate.

Before a permit is issued for the construction, alteration, relocation, or installation of a conveyance subject to the provisions of this act, application for such permit shall be made to the Elevator Safety Program accompanied by a fee as computed below. No work shall be done until the permit has been approved and issued by the Elevator Safety Program. No permit or fees shall be required for ordering repairs and replacement of damaged, broken, or worn parts necessary for normal maintenance.

ELEVATOR INSTALLATION FEE SCHEDULE

Plan review fee	78.00
\$1,000 or under	98.00
Over \$1,000 but under \$15,000	
First \$1,000	98.00
Each additional \$1,000 or fraction.....	13.00
\$15,000 or over but under \$50,000	
First \$15,000	280.00
Each additional \$1,000 or fraction.....	8.00
\$50,000 or over	
First \$50,000	553.00
Each additional \$1,000 or fraction.....	3.00
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Example:	
Plan review fee.....	78.00
Wheelchair installation/alteration contract valuation \$26,748	
For the first \$15,000	280.00
Balance of \$11,748 – round up to \$12,000	
Multiply \$8 per \$1,000 – or \$8 x 12.....	96.00
Subtotal	454.00
x 12% surcharge (ORS 455.210).....	54.48
Total fee	508.48

This information is being submitted as assurance the installation/alteration will conform to the minimum standards of the Elevator Safety Code – ANSI/ASME A17/1 and related documents.

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