TOWN OF ISLIP DEPARTMENT OF PLANNING AND DEVELOPMENT
Building Division
Permits.....224-5466, 69
Records/Inspections.....224-5470
JANUARY 2008 **Plans Examiners.....224-5467, 68**
Hope Larson, Deputy Commissioner
ONE MANITTON COURT ISLIP, NEW YORK 11751 Phone (631) 224-5464 Fax (631) 224-5462

AFFIDAVIT OF PROFESSIONAL CERTIFICATION FOR ELEVATOR PERMIT

Elevator drawings that are submitted to the Town of Islip shall be signed and sealed by a licensed New York State design professional.

As a condition for an elevator permit, the person who signed and sealed the elevator drawings shall submit a signed and sealed letter of certification. This certification shall state the following:

"The construction documents and drawings are in compliance with the Building Code of New York State Chapter 30 (Chapter 15 and 27 as applicable), Chapter 11 and ICC/ANSI A17.1- 2003, and ASME A17.1- 2004 and addenda".

THIS WORDING SHALL NOT BE MODIFIED.

This certification shall be submitted with the building permit application and drawings.

Town of Islip Building Division
1 Manitton Court, Islip, NY 11751

Elevator Application

Please File 4 Copies
Application Must Be Typewritten
Elevator Plans Must be Signed and Sealed
by a New York State Licensed Design Professional

Internal Use

Apply Permit

Sticker Here

1 Filing Status

- ❒ New Building application number:
- ❒ New Installation ❒ Alteration
- ❒ Replacement/Modification
- ❒ Dismantle ❒ Remove
- ❒ Select one: ❒ BEC application number:
  or ❒ No BEC filing required

2 Location Information

- Hamlet
- Address
- Section: Block: Lot:
- Occupancy Group of Building
- Construction Type of Building

3 Applicant Information (Elevator Device Manufacturer/Installer)

- Name
- Title License Number
- Business Name
- Address
- City
- State ZIP Phone

4 Owner Information

- Name
- Title
- Business Name
- Address
- City
- State ZIP Phone

5 Device Identification

Elevator Plan Numbers	Elevator Plan Numbers	Elevator Plan Numbers

Appliance Design Standards

BCNYS - Chapter 30 Elevator	
ICC/ANSI A117.1 2003	
ASME A17.1 - 2004 w/ Addenda 9 - 2005	

Device Type:

❒ Passenger ❒ Escalator ❒ Manlift ❒ Dumbwaiter ❒ Wheelchair Lift ❒ Other
❒ Freight ❒ Sidewalk ❒ Moving Walk ❒ Amusement-Permanent ❒ Private Residential Elevator ❒ LU/LA

6 Description of Hoistway - Submit Applicable Information

- ❒ Fire Rating ❒ 1 Hour ❒ 2 Hour ❒ Other
- ❒ Pressurized and Required Venting Per BCNYS and FCNYS
- ❒ Material and Size of Hoistway
- ❒ Car Rail Loads and Certify Structural Support of Building
- ❒ Impact Loads BCNYS Section 1607.8.1 and Supports Designed to Code
- ❒ Spacing/Type of Rail Support Connectors Shown on Plans

7 General Information

- Types of Motive Power:
- Elevator Motor ❒ AC ❒ DC Main Supply ❒ AC ❒ DC
- Travel from Floor : to Floor:
- Total travel: feet. Number of Stops:
- Capacity: lbs. Speed: F.P.M.
- Elevator Control:
- ❒ Resistance ❒ Multi-Voltage
- ❒ Generator Field Control ❒ Solid State
- Mode of Operation: ❒ Automatic P.B. ❒ Constant Pressure
- Hoistway: ❒ New ❒ Old
- ❒ BCNYS Section 3001.3 HC Access
- ❒ Fire Emergency Service Phase I & II
- ❒ Car Emergency Communication Type:

8 Cars and Counterweight

- Car Inside Dimensions: feet in by feet in
- Car Inside Area: sq. feet
- Car Safety Type:
- ❒ Instantaneous ❒ Flexible Guide ❒ Gradual WC
- Counterweight Safety Type:
- ❒ Instantaneous ❒ Flexible Guide ❒ Gradual WC
- ❒ Top Emergency Exit: Min Area sq. in Min Side in
- Car Opening: ❒ Emergency Release Switch
- ❒ Door ❒ Gate
- Operation: ❒ Manual ❒ Power
- ❒ Contact Type Manufacturer
- ❒ Sized for Ambulance Stretcher BCNYS Section 3002.4
- ❒ Cable Equalizer Type: Manuf:

9 Hoistway Opening

Door ❒ Horizontal ❒ Vertical ❒ Swing

❒ Fire Rated Construction Type of Door

Operation ❒ Manual

❒ Self Closing

❒ Vision Panel with Grilles

❒ Interlocks

Type

Number of Openings:

Front

Rear

❒ Self Closing Emergency Doors In Blind Hoistway

❒ Interlock in Blind Hoistway

10 Pit and Buffers (Emergency Stop Switch Req)

Car Buffer:

Engagement Speed F.P.M. Stroke feet in

Manufacturer

Type: ❒ Spring ❒ Oil

Counterweight Buffer:

Engagement Speed F.P.M. Stroke feet in

Manufacturer

Type: ❒ Spring ❒ Oil

❒ Compensation Chain Length ft

❒ Compensation Rope Length ft

Counterweight Screen Guard ❒ Yes ❒ No

Occupied Space Below Pit ❒ Yes ❒ No

11 Machine and Machine Room

Location of Machine Manufacturer

Machine Type: OH Worm Gear Traction | Bsmnt Worm Gear Traction | Gearless Traction | Oil Hydraulic | Drum | Drum w/ Slack Cable Switch

	Quantity	Size	Ultimate Strength	Material
Hoist Ropes				Iron / Steel / Ultrastrength Steel
Car Counterweight Ropes				Iron / Steel / Ultrastrength Steel
Machine Counterweight Ropes				Iron / Steel / Ultrastrength Steel
Car Governor Ropes				Iron / Steel
Counterweight Governor Ropes				Iron / Steel

Car Governor Location: Tripping Speed F.P.M.

Counterweight Governor Location: Tripping Speed F.P.M.

Machine Room Fire Rating Hour/s Ventilation Provided Type:

12 Fee Information

Estimated Cost:

The following information FOR EACH ELEVATOR to be installed or altered–MUST BE CLEARLY SHOWN ON THE DRAWINGS filed with this application.

(A.) For identification, all elevators in this building must be numbered from 1 up, on the drawings: “Elevator No. 1" “Elevator No. 2,” etc. (B.) Location (in the building) of elevator and elevator machinery. (C.) Floors between which the elevator travels. (D.) Total length of travel in feet and inches. (E.) Location of all entrances to shaft and car. (F.) Dimensions of elevator shaft in feet and inches. (G.) Inside dimensions of car in feet and inches. (H.) Normal carrying capacity of each car. (I.) Maximum carrying capacity of each car. (J.) Rate of travel in feet per minute. (K.) Estimated weight of: (1) car-platform; (2) enclosure; (3) car sling and safety; (4) weights of major miscellaneous parts; (5) total weight of car and each set of counter-weights; (6) total weight of the machine. (L.) Diameters of all: (1) drums; (2) sheaves over which the hoisting and counter-weight ropes pass. (M.) Shapes and sizes of car-sling members. (N.) Shapes, sizes, and location of all machine and sheave beams with reaction shown in pounds. (O.) Shapes, sizes, design of buffers and supports for the same. (These may be designated by types or names of buffers approved and recorded in this department.) (P.) If hydraulic elevator, state: (1) hydrostatic pressure to be used--and when reduction of pressure is made, show method of reduction; (2) diameters of piston rods and cylinders, and thickness of cylinder walls. Submit design of pressure tanks. (Q.) If electric motor is used, state whether alternating or direct-current and the voltage. (R.) In all cases where loads are given, they must be actual live and dead loads. In determining the strength of members, these live loads shall be double for impact. (S.) In making any alteration a statement must be filed giving the nature of the alteration, and that part, in any, of the present equipment are to be retained. (T.) Show all run by clearances. (U.) Show or note size of refuge space.

Building Department will indicate on this application when approved, a number for each elevator,–which no. (reading "Elevator No. ") must be posted on the inside of the car in a conspicuous place, before a test certificate will be issued; and must be kept posted at all times thereafter for purpose of identification by the Building Department in connection with subsequent applications and inspections. After a number has been once assigned to an elevator, this number must be stated on all subsequent applications affecting that elevator.

Provide professional affidavit certification.
State below the exact nature of alterations.