

**APPLICATION FOR INSTALLATION OR ALTERATION OF
ELEVATORS, ESCALATORS, MOVING WALKS AND LIFTS**

(SEE BACK OF PAGE FOR COMPLETE INSTRUCTIONS)

ELC# _____

LOCATION OF UNIT:

NAME OF BUILDING _____ ADDRESS _____ CITY _____ COUNTY _____

OWNER'S NAME: _____

OWNER'S MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE: _____

INSTALLER NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____

GENERAL CONTRACTOR _____ ARCHITECT _____ ENGINEER _____

INCLUDE ELEVATOR/LIFT DRAWINGS, SHAFT (SPRINKLER), MACHINE ROOM, ELECTRICAL & MECHANICAL PLANS

NEW UNIT VALUATION _____ PERMIT FEE (SEE BACK OF APPLICATION) _____ SIZE OF LIFT PLATFORM _____

TYPE: PASSENGER ELEVATOR _____ ESCALATOR _____ H C LIFT _____ MOVING WALK _____ FREIGHT ELEVATOR _____

SPECIAL SERVICE ELEVATOR _____ SIDEWALK ELEVATOR _____ CHAIR LIFT _____ OTHER _____

DESCRIPTION OF LIFT PROPOSED: _____

ELECTRIC _____ TRACTION _____ HYDRAULIC _____ OTHER _____

SPEED PER MINUTE _____ CAPACITY _____ NUMBER OF FLOORS TRAVELED _____

TOTAL VERTICAL FEET TRAVELED _____ TOTAL HORIZONTAL FEET TRAVELED _____

ARE THERE EXISTING UNITS IN THIS COMPLEX? YES _____ NO _____

ALTERATION OF EXISTING UNIT: VALUATION _____ PERMIT FEE (SEE BACK OF APPLICATION) _____

NUMBER OF UNIT(S) TO BE ALTERED _____ DESCRIPTION OF ALTERATION _____

IT IS HEREBY AGREED THAT IF THIS APPLICATION IS APPROVED AND A PERMIT IS ISSUED, THE OWNER WILL ENSURE THAT THIS ELEVATOR CONFORMS IN EVERY DETAIL WITH THE CODE REGULATING ELEVATORS IN THE STATE OF MONTANA. THE OWNER UNDERSTANDS AND AGREES THAT THIS ELEVATOR CANNOT BE OPERATED UNTIL THE ELEVATOR COMPLIES WITH THE REQUIREMENTS OF THE STATE BUILDING CODES AND A CERTIFICATE OF OPERATION HAS BEEN ISSUED BY THE BUILDING CODES BUREAU.

SIGNATURE _____ PRINT NAME _____ DATE _____

APPLICATION APPROVED BY _____ DATE _____

INITIAL INSPECTION DATE _____ INSPECTOR _____

State of Montana

Bureau of Building & Measurement Standards

Instructions:

1. Complete all necessary fields on application.
2. Attach application fee, payable to: Building Codes Bureau
3. Submit complete application (4 copies), 2 copies of plans and application fee to:

Bureau of Building & Measurement Standards
Elevator Safety Section
PO Box 200517
Helena, MT 59620-0517

Please note: All building and owner information must be completed. Incomplete applications will be returned and will delay your application approval.

Codes

Chapter 30, International Building Code – latest adopted edition.

ASME A17.1, Safety Code for Elevators and Escalators – latest adopted edition.

ASME A17.3, Safety Code for Existing Elevators and Escalators.

ASME A18.1, Safety Standards for Platform Lifts and Stairway Chairlifts.

Fees

Permit – 24.301.601 (5), ARM states:

(5) The plan review permit fee for new installations and major alterations shall be as follows:

Passenger elevator, escalator, moving walk and lift:

-up to and including \$40,000 of valuation - \$55.00

-over \$40,000 of valuation \$55.00 plus \$1.00 for each \$1,000 or fraction thereof over \$40,000

Inspection – 24.301.613, ARM states:

(6) The annual certificates of inspection fees shall be as follows:

(a) Fees when inspection are made by the department, for each elevator, escalator, and moving walk and lift
(also applies to follow-up inspection done after certified inspector's inspection) - \$100.00

(c) Fees when inspections are made by the department, for each lift
(also applies to follow-up inspection done after certified inspector inspection) - \$70.00