



Elevator Permit

Town of Islip Building Division
One Manitto Court, Islip, NY 11751
www.islipny.gov

FOR OFFICE USE ONLY

Place Label Here

COMPLETE THIS APPLICATION AND SUBMIT TO THE PERMITS DIVISION ALONG WITH ALL REQUIRED DOCUMENTATION LISTED BELOW.

This permit EXPIRES 1 year from date of issuance and must be re-applied for upon expiration. NO RENEWALS ALLOWED.

Handwritten forms will not be accepted - please fill out online or use typewriter to fill in information.

ALL FIELDS MUST BE FILLED OUT.

Zoning Approved: _____ Date: _____
Approved to Issue: _____ Date: _____

Date Filed: _____ By: _____
Date Issued: _____ By: _____

Receipt #: _____
Total Fee: _____

1. Subject Address

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

2. Filing Status

Building Permit Number: _____
 New Installation Alteration
 Replacement/Modification Remove
 Dismantle

3. Applicant Information (Elevator Device Manufacturer/Installer)

Name: _____ Email: _____
Title: _____ License Number: _____
Business Name: _____
Address: _____
City: _____
State: _____ Zip: _____ Phone: _____

4. Owner Information

Name: _____ Email: _____
Title: _____
Business Name: _____
Address: _____
City: _____
State: _____ Zip: _____ Phone: _____

5. Machine & Machine Room

Location of Machine: _____ Manufacturer: _____
Machine Type: OH Worm Gear Traction Basement Worm Traction Gearless Traction Oil Hydraulic Drum Drum w/ Slack Cable Switch
 Other: _____

	Quantity	Size	Ultimate Strength	Material		
Hoist Ropes	_____	_____	_____	<input type="checkbox"/> Iron <input type="checkbox"/> Steel	<input type="checkbox"/> Steel	<input type="checkbox"/> Ultrastrength Steel
Car Counterweight Ropes	_____	_____	_____	<input type="checkbox"/> Iron <input type="checkbox"/> Steel	<input type="checkbox"/> Steel	<input type="checkbox"/> Ultrastrength Steel
Machine Counterweight Ropes	_____	_____	_____	<input type="checkbox"/> Iron <input type="checkbox"/> Steel	<input type="checkbox"/> Steel	<input type="checkbox"/> Ultrastrength Steel
Car Governor Ropes	_____	_____	_____	<input type="checkbox"/> Iron <input type="checkbox"/> Steel	<input type="checkbox"/> Steel	
Counterweight Governor Ropes	_____	_____	_____	<input type="checkbox"/> Iron <input type="checkbox"/> Steel	<input type="checkbox"/> Steel	

Car Governor Location: _____ Tripping Speed _____ FPM
 Counterweight Governor Location: _____ Tripping Speed _____ FPM
Machine Room Fire Rating _____ Hour(s): _____ Ventilation Provided: _____ Type: _____

6. Description of Hoistway - Submit Applicable Information

Pressurized & Required Venting as per BCNYS & FCNYS
 Material & Size of Hoistway: _____
 Car Rail Loads & Certify Structural Support of Building
 Spacing/Type of Rail Support Connectors Shown on Plans
Fire Rating: 1 Hour 2 Hour Other: _____
Impact Loads Sect. 1607.10 & Supports Designed to Code: Yes No

7. General Information

Types of Motive Power:
Elevator Motor: AC DC Main Supply: AC DC
Travel from Floor: _____ to Floor: _____
Total Travel: _____ Feet _____ Inches Number of Stops: _____
Capacity: _____ Lbs. Speed: _____ FPM
Elevator Control:
 Resistance Multi-Voltage
 Generator Field Control Solid State
Mode of Operation: Automatic PB Constant Pressure
Hoistway: New Old
 BCNYS Section 3001.4
 Fire Emergency Service Phase I & II
 Car Emergency Communication 3001.2 Type: _____
 Fire Service Elevator to be provided as per NYSBC 3007

8. Cars & Counterweight

Car Inside Dimensions: _____ ft. _____ in. by _____ ft. _____ in.
Car Inside Area: _____ sq. ft.
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 _____ Manufacturer _____

9. Hoistway Opening

- Door Horizontal Vertical Swing
 Fire Rating 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 & Buffers (Emergency Stop Switch Req.)

- Car Buffer: Engagement Speed: _____FPM Stroke: _____feet _____ in
 Manufacturer: _____
 Type: Spring Oil
 Counterweight Buffer: Engagement Speed: _____FPM 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. Device Identification

Elevator Plan Numbers	Elevator Plan Numbers	Elevator Plan Numbers

Appliance Design Standards

- BCNYS - Chapter 30 Elevator
 A18.1 - 2008
 ICC/ANSI A117.1 - 2009
 ASME A17.1 - 2016
 CSA B44 - 2016

Check Here

Device Type:

- Fire Service Access Elevator Occupant Evacuation Elevators

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

12. ALTERATION – If this application is for an alteration, please state the exact nature of alteration(s):

Commercial and residential elevators are regulated in the 2020 NYS Uniform Codes and reference standards as adopted. As such, and in accordance with applicable laws, commercial and residential elevators require building permits from the Town of Islip.

APPLICATION REQUIREMENTS:

Please follow the Building Permit Requirements for the proposed work associated with an elevator installation (interior alteration, addition, new building). A separate permit is required for any elevator installation.

- Method of submittal:
 - Electronic Submittal – Please refer to the [Building Permit – Electronic Submittal Process](#) flyer on our website. No hardcopies of documents are required with the initial electronic submission unless otherwise referenced in the flyer. Our staff will advise you on the total number of hardcopy documents required prior to permit issuance.
 - Hardcopy Submittal – Please refer to our website for [Application Requirements](#) submittal process currently in effect. We will advise you on the total number of hardcopy documents required prior to permit issuance.
- Application and Fee – This application must be filled out in its entirety and submitted with all the requirements listed below along with the non-refundable fee. The application must be filled out electronically or typed – **APPLICATIONS COMPLETED BY HAND WILL NOT BE ACCEPTED.**
- Professional Certification – The RDP who signed and sealed the shop drawings shall submit a signed and sealed letter of certification. This certification shall read as follows (**this wording shall not be modified**):

For Commercial Elevators (not including Limited Use Limited Access):
 “The construction documents and drawings are in compliance with the 2020 NYSBC (Chapters 11, 27 and 30), 2020 NYSFC section 606, reference standard ASME A17.1 2016 and CSA B44 2016 and ICC A117.1 2009.”

For Limited Use Limited Access Elevators (LULA):
 “The construction documents and drawings are in compliance with ASME A17.1 2016 and CSA B44 2016 section 5.2 and ICC A117.1 2009 section 408.”

For Residential Elevators:
 “The construction documents and drawings are in compliance with ASME A17.1 2016 and CSA B44 2016 section 5.3 and ICC A117.1 2009 section 409.”
- Manufacturer’s Shop Drawings – One (1) set of elevator shop drawings, signed and sealed by a NYS Registered Design Professional (RDP) are required. The drawings must contain a contact title block with contact information for the RDP, and must clearly show the following:
 - All elevators in a building must be numbered for identification purposes (i.e. *Elevator No. 1, Elevator No. 2*, etc.)
 - Location of elevator and elevator machinery within the building.
 - Floors between which the elevator travels.
 - Total length of travel in feet and inches.
 - 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 what parts of the existing equipment are to be retained.
- t. Show all run by clearances.
- u. Show or note size of refuge space.

If this application is approved, the Building Department will assign a number for each elevator (which will be noted *Elevator No. 1, Elevator No. 2, etc.*). This number 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 the purpose of identification by the Building Department in connection with subsequent applications and inspections. After a number has been assigned to an elevator, this number must be stated on all subsequent applications regarding that elevator.

PROPERTY OWNER:

APPLICANT:

PRINT

PRINT

SIGNATURE

SIGNATURE

SWORN TO ME ON THIS
_____ DAY OF _____, 20____

SWORN TO ME ON THIS
_____ DAY OF _____, 20____

NOTARY PUBLIC

NOTARY PUBLIC