Department of Industrial Relations Division of Occupational Safety and Health ELEVATOR UNIT

ALTERATION INTENT TO INSTALL FORM



roday's date				
	01(a)(1) and section 3001(a)(4) of otice. Drawings and submittals ma		gulations Title 8 Elevat	or Safety Orders.
Elevator Company N Billing Address Telephone Number CQCC #				
Address of Alteration Street: City: Zip Code:				
Building Name:				
Number of Units: _				
Permitted Californi	a Electrical Code of Record:	CEC 2016		
Controller model:				
Observation car or Glass before installation.	ss installed in/or on cab wall:	if <u>yes</u> dr	awings shall be submit	ted to the Division
California State ID	Number			
Check one Passenger Freight Dumbwaiter Escalator Wheelchair lift VRC LULA Special Purpose Other	Check one Cable Traction Hydroelectric Roped Hydroelectric Overhead Dru Basement Dru Screw Drive Chain/Belt Esc Rack & Pinion Other	m	Complete Rated Load Rated speed Rise Control type	
List Below the appl	icable Requirements of 8.7 a	and 8.4 ASME A17.	1-2004	
Req # 8.		Description _		
Req # 8.		Description		
Req # 8.		Description		
Req # 8.		Description		
Req # 8.		Description		
The elevator shall b	oe 100% complete before red	questing an inspect	tion. Page	e of
Prepared by:		Estimated comple	tion Date:	Rev. 03/7/2018