



GOVERNMENT OF BERMUDA

Ministry of the Environment, Planning and Infrastructure Strategy

Department of Planning

Elevator Application for New Installations & Modernization

Prior to any New Installation or Modernization to an elevator, this form must be completed in its entirety and submitted to The Department of Planning.

1. Filing Status

- a. New Install b. Modernization/ Alteration c. Dismantle d. Remove

2. Location

Building Address and unit Government I.D. number (the E__/_)

3. Applicant Information

Name, Title, Business name, address, email and phone number.

Name _____

Title _____

Business Name _____

Email _____

Phone Numbers _____

4. Owner Information

Name, Title, Business Name, Address, Email and Phone Number.

Name _____

Title _____

Business Name _____

Address _____

Email _____

Phone Number _____

5. Device Information

Machine Type: () Hydro () Traction () other (please write in)

Device Type: () Passenger () Freight () Escalator () Dumbwaiter

() Wheel Chair () Platform () Private Resident Elevator

() Other (please write in.)

6. General Information

Type of Motive Power

Elevator: () AC () DC Main Supply () AC () DC

Travel from Floor: Total Travel: feet: Number of stops:

Capacity: lbs. Speed: FPM

Firemen's and Emergency Service Phase 1 and 2:

7. Car/s and Counterweight

Car/s inside Dimensions:

Car inside Area:

Car Safety Type:

Counterweight Safety Type:

Dimensions of top of car Emergency Exit:

Car opening type: () Door () Gate () other (please write in)

Door operation: () Manual () Power

8. Hoistway Openings

Door Gate

Fire rating (not less than 1 ½ hr):

Operation type: manual power self closing Vision panel with grilles vision panel interlocks locks & contacts

Interlock type: _____ manufacturer: _____

Number of openings: front side rear total

9. Pit and Buffers

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 _____

Compensation Rope Length _____

Counterweight Guard/Screen dimensions:

Occupied Space Below yes no

10. Machine and Machine Room

Location of Machine:

manufacturer:

Machine Type: OH worm gear traction Basement worm gear Traction Gearless

Oil Hydraulic Drum Drum w/slack cable switch

11.	Quantity	Size	Ultimate Strength	Material
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Hoist Ropes _____

Car Counterweight ropes _____

Machine Counterweight ropes _____

Car Governor ropes _____

Car Governor Location: tripping Speed fpm Type:

Counterweight Governor Location: tripping speed fpm Type:

12. Cost Information

Estimated Cost of works \$ _____

13. Statement and Signatures

- A. I understand that all answers given in this application must be true to the manufacturer's specifications and that any deviation from the answers provided must be, in writing and submitted to The Planning Department before the project is handed over the owner for public use.
- B. I understand that the project is required to be inspected before it is returned to the owner for public use.
- C. I also understand that failing to do either A or B of this section, I will be subject to any fines and penalties applicable to the actions.
- D. All units must comply with the ASME code.

Applicant's Name _____ Signature _____ Date _____

Owner's Name _____ Signature _____ Date _____