

### Chapter Comm 18

#### APPENDIX A

The material contained in this appendix is for clarification purposes only. The following are examples of forms SBD-22—Application to Erect or Remodel, SBD-7316—Application to Erect or Remodel Lift for Disabled, SBD-2D—Elevator Inspection,

SBD-2E—Test Report and SBD-252—Certificate of Operation. Also included is the fee schedule for elevators, power dumbwaiters, escalators, moving walks and ramps and lifts for the people with disabilities.

Wisconsin DILHR  
Safety Buildings Division  
Elevator Safety Section

APPLICATION

Submit plans/fees to:  
401 Pilot Ct., Suite C  
Waukesha, WI 53188  
Questions (414)521-5444

**ELEVATORS & LIFT EQUIPMENT**

*NOTE: Personal information you provide may be used for secondary purposes (privacy law, s. 19.04(1)(m))*

Application is now made to the Department of Industry, Labor and Human Relations for permission to install or remodel the item referenced herein in accordance with the detailed documents submitted herewith and subject to the orders of the Department. The installation will also include the details described below and in the plans submitted herewith which include the following information:

- A. A floor plan of car and hoistway, including all car entrances
- B. A section plan or elevation plan of hoistway, supports and structural calculations, penthouse (showing machinery) and pit
- C. Plans of machine and support showing details of materials, size and bearing of beams, structural calculations etc.
- D. 4 copies of the plans and specifications, stamped by a registered architect or engineer representing the plans conform to the approved building plans
- E. A copy of the approval letter or verification of plan approval from Safety & Buildings Division (Bureau of Buildings & Structures)
- F. The appropriate fees as described and calculated below.

A. TYPE APPLICATION:  NEW INSTALLATION  EXISTING INSTALLATION/REMODEL (Wisconsin Registration Number \_\_\_\_\_)

B. APPLICANT/OWNER/BUILDING DATA:

1	Owner's Name/Property Manager	Project Name	
2	Number & Street	Project Street Address	
3	City	County	Zip Code
4	Building used for (Type occupancy)	DILHR USE: Building ID No. ONLY	Plan ID No:

C. INSTALLER INFORMATION:

5	Lift Equipment Installer:	Address	Contact Person	Telephone number
6	List Applicable rules of ASME A17.1, Section 1200: (Submit copy of accepted proposal detailing scope of work)			Hydraulic Control Valve Type _____ Make _____

D. LIFT EQUIPMENT TYPE (Please check one)

7	<input type="checkbox"/> Elevator Passenger	<input type="checkbox"/> Elevator Freight (Class) A B C1 C2 C3	<input type="checkbox"/> Elevator Limited Use, Limited Access	<input type="checkbox"/> Stage Lift	<input type="checkbox"/> Dumbwaiter	<input type="checkbox"/> Escalator Speed Walk	<input type="checkbox"/> Residential Part V	<input type="checkbox"/> Special Purpose Elev
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E. LIFT EQUIPMENT SPECIFICATIONS (Please complete applicable portions)

8	Date of Contract	Name of Lift Mfr	No. Landings	Total Travel: Ft In	Net Inside Car Dimension: sq. ft.	Rated Load:	Rated Speed
9	Hoistway Door Type	How doors operated Power Manual	Locking device for doors:	Hoistway Size (L x W):	Hoistway Fire Rating Hr(s)	Hoistway Access switch provided? Yes No	
10	Type of Cam: Stationary Retriving	Landing Gates? Yes No	Locking Device for Landing Gate:	Number of Car openings: Doors Gates	Electric Contacts: Yes No	Power Operated? Yes No	
11	Top runby: Ft In	Bottom Runby: Ft In	Overhead Clearance Ft In	Pit Depth Ft In	Type Buffers	Buffer Size in	Buffer Stroke in
12	Machine Location	Machine Make & type	Brake Type	Kind of Power Electric Hydraulic	Horsepower	Limit Switches Yes No	
13	Volts:	Amperes:	Phase:	Type of Operation:	Guide Rail Type:	Size of Guide Rails Car Counterweight	
14	Hoisting Cables No Size	Cable Material Type	Drum Size: Drive Sheave Size:	Slack Cable Switch Yes No	Car Weight	Car Weight With Rated Load	

F. FIRE SAFETY DEVICES & EQUIPMENT

15	Fire Fighter Service Yes No	Smoke Sensing Control Yes No	Designated Evacuation Level: _____	Sprinklers Installed? Yes No	Sprinkler Location: Hoistway Mach Rm
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G. MECHANICAL SAFETY DEVICES

16	Safety Device Type:	Manufacturer's Name	Manufacturer's ID Number	Approved Capacity:	Speed Governor Type:	Mfr's ID Number
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H. PLAN REVIEW, INSPECTION & CERTIFICATE FEES

17	Total Purchase Cost: \$ _____	Initial Certificate Fee: = \$25.00	Plan Review Fee (1.5% of total cost): = \$ _____	Total Fee (Plan review & Cert) = \$ _____	Office Use Only
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18 I certify that the above statements are true and accurate to the best of my knowledge and belief.

Applicant Signature _____	Title _____	Date Signed _____
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Wisconsin DILHR  
Safety Buildings Division  
Elevator Safety Section

APPLICATION  
**Lifts for the Disabled**

Submit Plans / Fees to:  
401 Pilot Ct., Suite C  
Waukesha, WI 53188  
(414) 521-5444

Application is now made to the Department of Industry, Labor and Human Relations for permission to install or remodel the item referenced herein in accordance with the detail documents submitted herewith and subject to the orders of the Department. The installation will also include the details described below and in the plans submitted herewith with the following information:

- A. A floor and sectional plan of car and hoistway, including all car entrances and required dimensions. ( Architectural Drawing )
- B. 4 copies of the plans and specifications, stamped by a registered architect or engineer representing the plans conform to the approved building plans. ( Installers Shop Drawing )
- C. A copy of the approval letter or verification of plan approval from Safety & Buildings Division(Bureau of Buildings & Structures)
- D. The appropriate fees as described and calculated below.

A. TYPE OF APPLICATION:  NEW INSTALLATION  REMODEL / Existing Installation

B. APPLICANT/OWNER/BUILDING DATA:

1	Owner's Name / Property Manager		Billing Address		Project Name	
2	Number & Street		Project Street Address			
3	City	County	Zip Code	Lift Address	City	County Zip Code
4	Building used for(Type occupancy)			DILHR USE : Building ID No.		Plan ID No:

SAMPLE

C. INSTALLER INFORMATION:

5	Lift Equipment Installer:	Address	Contract Date	Name of Lift Mfg
6	(REMODEL) List Applicable sections of ASME A17.1, Section 1200: (Submit copy of accepted proposal detailing scope of work)			Wi Registration No.

D. LIFT EQUIPMENT TYPE (Please check one)

7	<input type="checkbox"/> Vertical Wheel Chair Lift	<input type="checkbox"/> Inclined Wheel Chair Lift	<input type="checkbox"/> Stairway Chair Lift
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E. LIFT EQUIPMENT SPECIFICATIONS (Please complete applicable portions)

8	Total Travel: Ft. In	Rated Load:	Rated Speed	Hoistway Size	Hoistway, Enclosure of:
9	Hoistway Door Type	How doors operated	Locking device for doors:	Number of Hoistway Doors	
10	Height of Landing Gates	# of Landing Gates	Locking Device for Gate:	Number of Car openings: Doors Gates	Electric Contacts: Yes No
11	Volts: Amperes:	Phase:	Type of Drive Unit	Hydraulic: Roped Direct	Rack & Pinion Yes No Screw Drive: Yes No
12	Hoisting Ropes No. Size	Rope Material Type	Sheave Dia :	Slack Rope Switch No Yes	Car Weight Car Weight With Rated Load

F. MECHANICAL SAFETY DEVICES

13	Safety Device Type:	Manufacturer's Name	Manufacturer's ID Number	Speed Governor Type:	Approved Capacity:	Mfgs. ID Number
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G. PLAN REVIEW, INSPECTION & CERTIFICATE FEES

17	Total Purchase Cost: \$	Initial Certificate Fee: = \$25.00	Plan Rev. Fee(1.5 % of cost): = \$	Office Use Only
	* Minimum plan fee \$225.00 (With Cert.)	Total Fee(Plan Rev. & Cert.) = \$		
18	I certify that the above statements are true and accurate to the best of my knowledge and belief.			
	Applicant Signature	Title	Date Signed	

S8DS - 7316 (R 05/95)



Wisconsin Department of Industry,  
Labor and Human Relations  
Safety and Buildings Division

**SAFETY DEVICE AND GOVERNOR  
TEST REPORT**

Elevator Safety Section  
P.O. Box 7969  
Madison, WI 53707  
(608) 267-3576

(In compliance with Elevator Code Sections ILHR 18 and A17.1 1002.3)

Safety Test     Run Away Test

City	Premises	State Registration Number
Occupant		
Owner or Agent	Owner/Agent Address	

1. Rated Capacity \_\_\_\_\_ lbs. Rated Speed \_\_\_\_\_ F.P.M. Pass. \_\_\_\_\_ Frt. \_\_\_\_\_

2. Machine Drum Type \_\_\_\_\_ Traction \_\_\_\_\_ Safety Manufacturer Name \_\_\_\_\_  
Governor Manufacturer Name \_\_\_\_\_

3. Type Safety (circle one): Instantaneous; Wedge-clamp; Gradual wedge-clamp; Flexible-guide-clamp;  
Combination Instantaneous and Oil Buffer.

4. Before the safety test is made, the governor shall be checked for correct tripping speed. Governor set to trip  
at \_\_\_\_\_ F.P.M. Actual Car Speed \_\_\_\_\_

5. Was safety tested with contract load in the car?  Yes  No If no, pounds tested? \_\_\_\_\_

6. Governor Rope: Manila; 6 x 19 \_\_\_\_\_ Iron or Steel; Size \_\_\_\_\_  
Condition or governor rope or cable after \_\_\_\_\_

7. Length of marks on guide rails made by safety jaws: R.H. Rail \_\_\_\_\_"  
L.H. Rail \_\_\_\_\_"

8. Did car set out of level?  Yes  No If yes, inches out of level \_\_\_\_\_

9. Did governor set satisfactorily?  Yes  No Remarks \_\_\_\_\_

10. Did safety test prove satisfactory?  Yes  No Remarks \_\_\_\_\_

11. Was the tag fastened to the governor release carrier?  Yes  No

The above safety and governor tests were made in compliance with the Wisconsin Administrative Code Sections  
ILHR 18 and A17.1 1002.3 and proved satisfactory.

Firm Performing test \_\_\_\_\_

Tester's Signature \_\_\_\_\_ Date Tested \_\_\_\_\_

**REPORTS SHALL BE FILED WITH THE DEPARTMENT OF INDUSTRY, LABOR AND HUMAN RELATIONS WITHIN FIFTEEN (15)  
DAYS AFTER THE TEST DATE.**

Copy Distribution: Green - To be retained by firm or person performing tests.  
Pink - To be sent to the Safety & Buildings Division, P.O. Box 7969, Madison, WI 53707  
Yellow - To be retained by owner or tenant.

<b>DEPARTMENT OF INDUSTRY, LABOR &amp; HUMAN RELATIONS</b>		<b>SAFETY &amp; BUILDINGS DIVISION</b>	
<b>CERTIFICATE OF OPERATION</b>		P.O. Box 7969 Madison, WI 53707 Phone	
For _____	Registration No. _____		
THIS IS TO CERTIFY THAT THE EQUIPMENT DESCRIBED MEETS APPLICABLE STANDARDS OF THE WISCONSIN ADMINISTRATIVE CODE CHAPTER ILHR		FILE NUMBER	
SAMPLE		INSPECTING AGENCY NAME	
		AGENCY PHONE NUMBER	
ISSUED TO _____		AUTHORIZED INSPECTOR	
		INSPECTION DATE	CERTIFICATION EXPIRES
		ISSUED BY	
		<i>Bernard B. Zalush</i>	

PLEASE POST ON PREMISES

**FEES FOR ELEVATORS AND RELATED EQUIPMENT**

**Comm 2.15 Elevators, power dumbwaiters, escalators, moving walks and ramps, lifts for the physically disabled and material lifts.** (1) **PLAN EXAMINATION, APPLICATION AND INSPECTION FEES.** Fees for the initial inspection and for the examination of plans or for an application for installation or alteration, or both, submitted in accordance with the requirements of ch. Comm 18, shall be determined at the rate of 1.5% of the cost to the purchaser, excluding building construction. The minimum fee shall be \$200.00.

(2) **INSPECTION FEES.** Fees for periodic inspections and reinspections of all classes of elevators and lifting devices within the scope of ch. Comm 18 shall be determined in accordance with Table 2.15-1.

Table 2.15-1

Number of Landings	Inspection Fee
0-4 .....	\$35.00
5-10 .....	\$65.00
11 or more .....	\$95.00

(3) **CERTIFICATES OF OPERATION.** The department shall issue a certificate of operation for each elevator upon receipt of the inspection report indicating the elevator satisfies the minimum operating standards specified in ch. Comm ILHR 18. The fee per certificate shall be \$25.00.

History: Cr. Register, June, 1992, No. 438, eff. 7-1-92; am. (3) and r. Table 2.15-2, Register, October, 1996, No. 490, eff. 11-1-96.

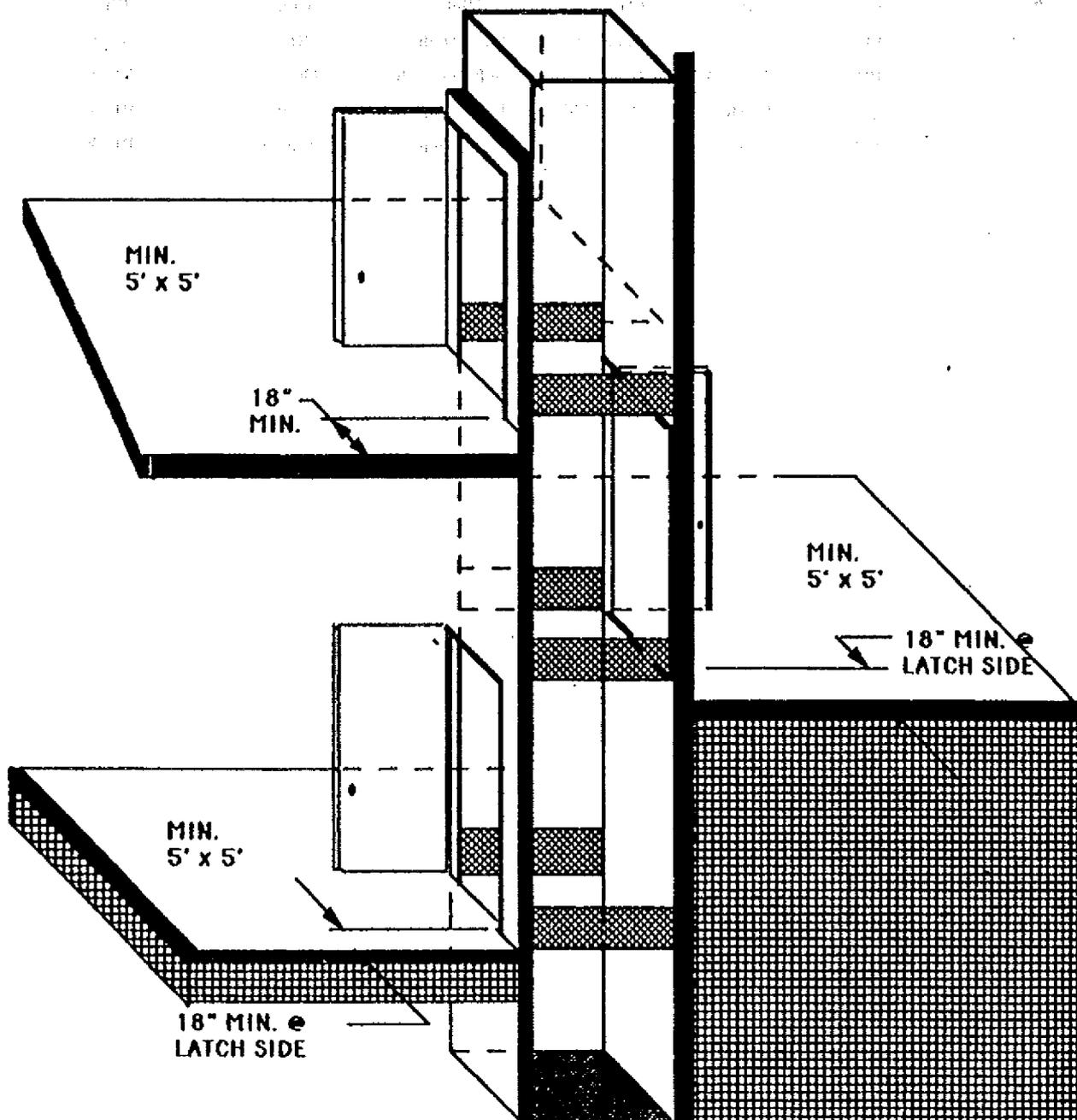
**NFPA 13, Table 2-2.3.1**  
**Temperature Ratings, Classifications, and Color Codings**

Maximum Ceiling Temperature		Temperature Rating		Temperature Classification	Color Code	Glass Bulb Colors
°F	°C	°F	°C			
100	38	135 to 170	57 to 77	Ordinary	Uncolored or Black	Orange or Red
150	166	175 to 225	79 to 107	Intermediate	White	Yellow or Green
225	107	250 to 300	121 to 149	High	Blue	Blue
300	149	325 to 375	163 to 191	Extra High	Red	Purple
375	191	400 to 475	204 to 246	Very Extra High	Green	Black
475	246	500 to 575	260 to 302	Ultra High	Orange	Black
625	329	650	343	Ultra High	Orange	Black

APPENDIX B  
ACCESSIBILITY MATERIAL

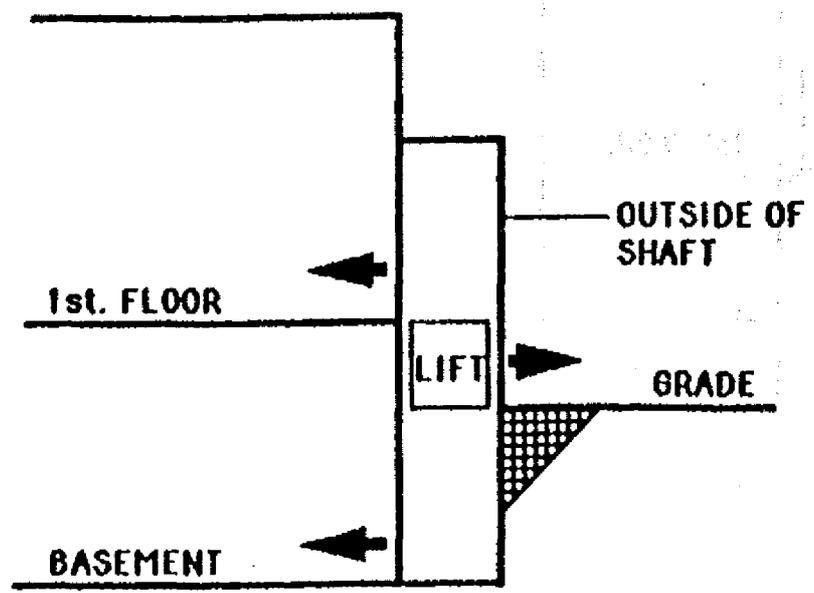
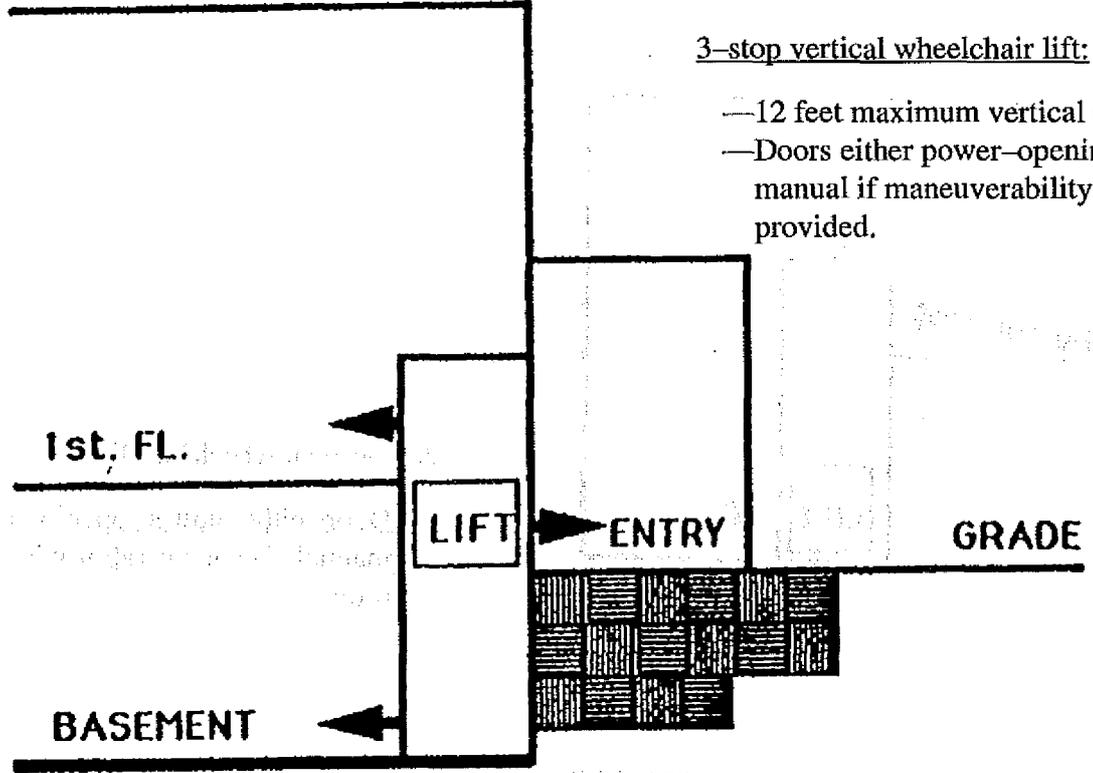
The material contained in this appendix is for clarification purposes only. The illustrations, figures and graphs correspond to the number of the rule as it appears in the text of the code.

A-18.362 and 18.69 Maneuverability space at hoistway openings with swing doors:

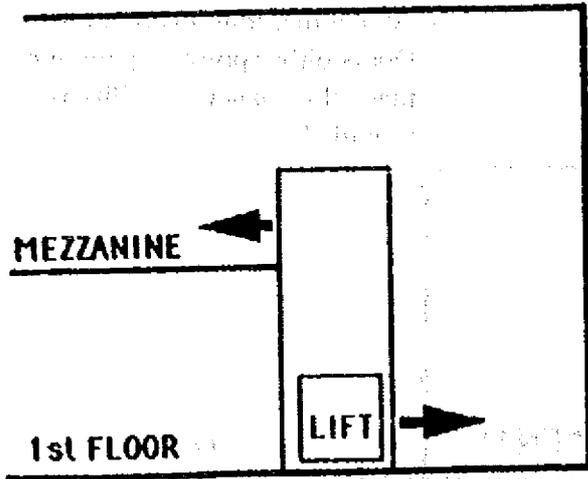


Hoistway doors may be manual-opening and self-closing, if a minimum clear maneuverability space of 5 feet by 5 feet with a minimum of 18 inches of clear space at the latch side of the door is provided at each landing hoistway door. The maximum force for pushing or pulling open an interior hinged door shall not exceed 5 pounds of force. If the hoistway door is rated, the maximum force for pushing or pulling open the door shall not exceed the minimum force necessary to keep the door in the latched position.

A-18.73 Examples of vertical wheelchair lifts with 3-stops.

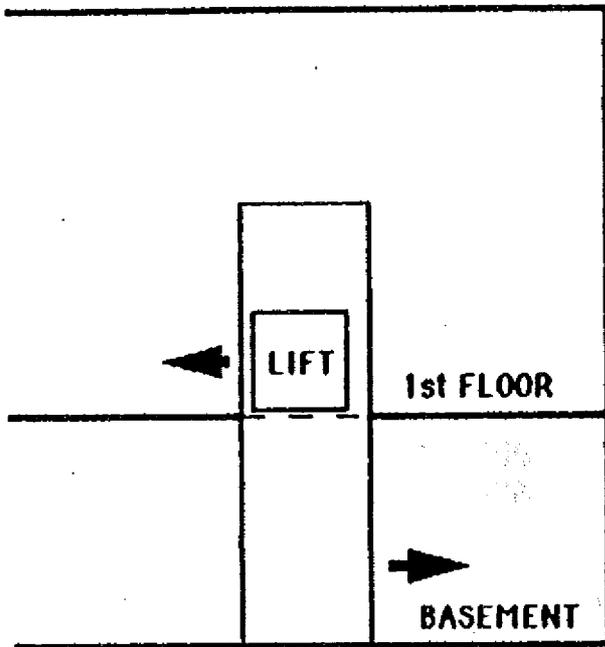


A-18.73 Examples of vertical wheelchair lifts with 2-stops.

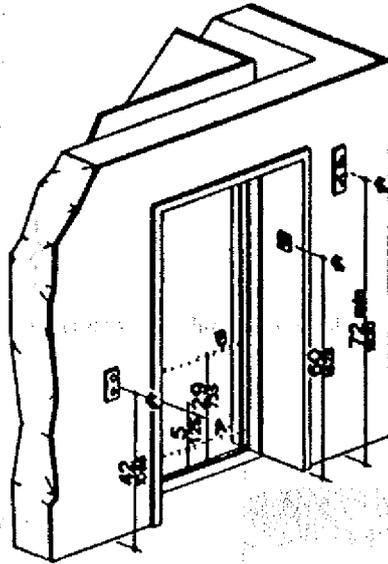


2-stop vertical wheelchair lifts:

—Doors either power-opening or manual if maneuverability is provided.



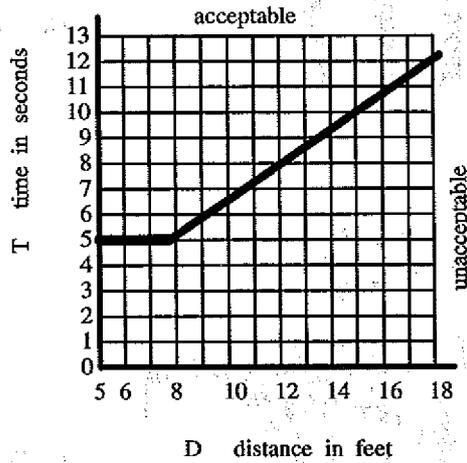
A1-18.83 Examples of hoistway and elevator entrances.



NOTE: The automatic door reopening device is activated if an object passes through either line A or line B. Line A and line B represent the vertical locations of the door reopening device not requiring contact.

Hoistway and Elevator Entrances

A-18.83 Graph of timing equation.

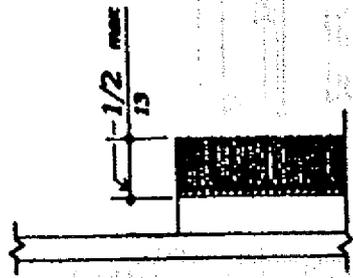


Graph of Timing Equation

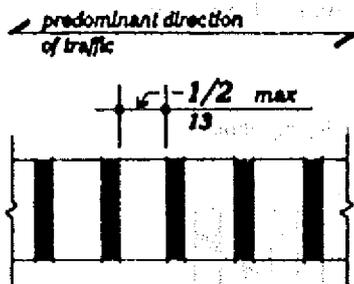
A-18.83 Changes in levels.



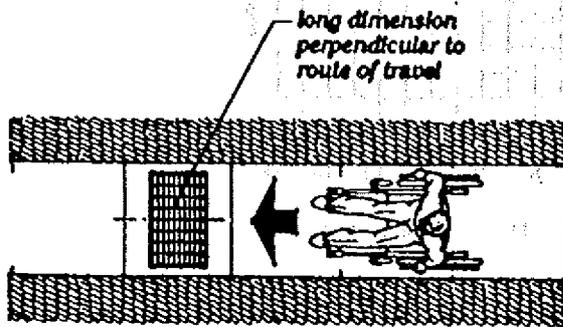
A-18.83 Examples of carpet pile thickness and gratings.



CARPET PILE THICKNESS

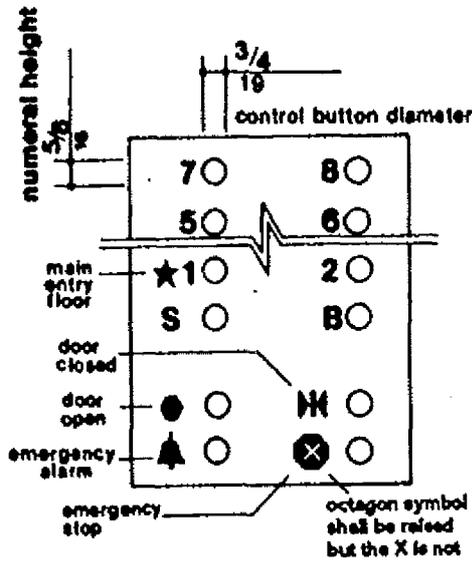


GRATINGS

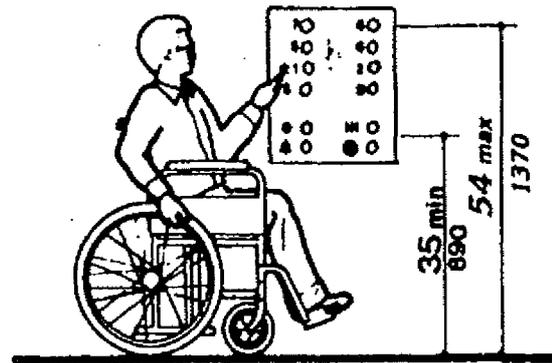


GRATING OPERATION

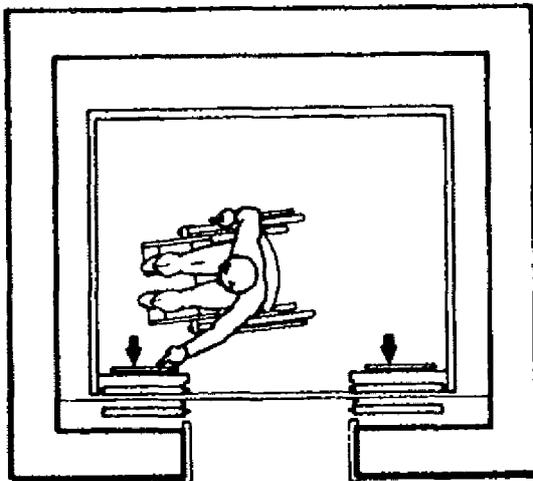
A-18.83 Examples of accessible car controls.



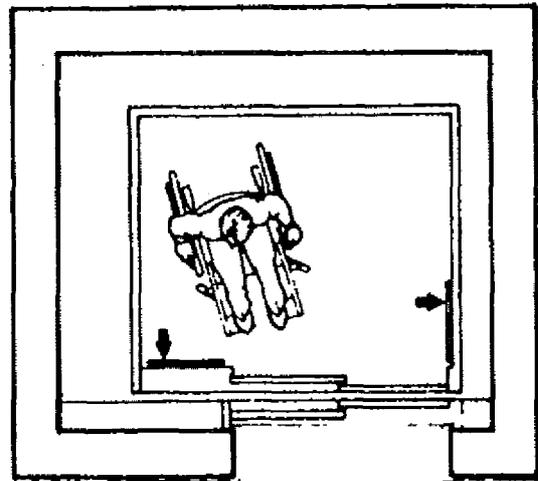
(a)  
Panel Detail



(b)  
Car Control Height



(c)  
Alternate Locations of Panel  
with Center Opening Door



(d)  
Alternate Locations of Panel  
with Side Opening Door