

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 ADMINISTRATIVE CODE

APPENDIX A

Wisconsin Department of Industry,  
Labor and Human Relations

**ERECT OR REMODEL  
LIFT EQUIPMENT APPLICATION**

Safety & Buildings Division  
Elevator Section  
P O Box 7969, Madison, WI 53707  
(608) 267-9606

s 101.12(1)(c)

Passenger Elevator	Freight Elevator	Limited Use	Stage Lift	Dumbwaiter	Speedwalk	Escalator	Spl Purpose Elevator	Material Lift
--------------------	------------------	-------------	------------	------------	-----------	-----------	----------------------	---------------

Application is now made to the Department of Industry, Labor and Human Relations for permission to  ERECT  REMODEL the item checked above in accordance with the following detailed statement and attached plans, and subject to the orders of the Department. The installation will include details set forth below and is also to include all orders as required by the elevator code of the Department. **NOTE:** Plans MUST include ALL of the following:

1. Sectional plan of car and hoistway;
2. Sectional elevation of hoistway, penthouse (showing machinery) and pit;
3. Plans of machine and support, showing details of materials, size and bearing size of beams etc. If the hoistway has more than one entrance on any floor, all entrances must be shown. (Typical entrances must be so noted.)
4. Submit verification of plan or alteration approval from Safety and Buildings Division (copy of approval letter)

DATE OF CONTRACT \_\_\_\_\_

1	User Name			<b>IF USER IS NOT THE OWNER, PROVIDE AT RIGHT</b>	Owner Name			
2	Number & Street				Number & Street			
3	City	State	Zip Code		City	State	Zip Code	
4	Building Used For (occupancy):			Which Floor Is Main Floor?	Basement? <input type="checkbox"/> Yes <input type="checkbox"/> No		No. of Landings:	
5	Total Travel: Ft.      In.	Rated Load:	Rated Speed:	Hoistway Size:	Car Size:	Hoistway Enclosure of:	Basement, Enclosure of:	
6	Hoistway Door Type:	No. of Doors:	How Doors Operated?		Locking Device For Doors:	Hoistway Door Unlocking Device:		
7	Stationary or Retiring Com?	Height of Landing Gates:		Locking Device For Gate:	No. of Car Entrances: <input type="checkbox"/> 1 <input type="checkbox"/> 2			
8	Car Gates or Doors?	Electric Contacts:	Counterweight Guards:	Facia Plates:	Pit Depth: Ft.      In			
9	Top-run by: Inches	Bottom-run by: Inches	Overhead Clearance:	Pit Switch:	Pit Ladder:	No. of Buffers:		
10	Type of Buffers:	Size of Buffers:	Counterweight Guards:	Guide Rails of:	Size of Guide Rails: Car      Cnt.			
11	Signal Systems <input type="checkbox"/> Phone Compartment <input type="checkbox"/> Bell Outside Building			Emergency Control: <input type="checkbox"/> Key Return <input type="checkbox"/> Control <input type="checkbox"/> Smoke Sensing Control		Accessibility Requirements Provided For? <input type="checkbox"/> Yes <input type="checkbox"/> No		
12	Machine Location:		Type and Make:		Kind of Power:	H P	Current:	
13	Volts:	Amperes:	Cycles:	Phase:	Type of Operation:		Service Disconnect Switch:	
14	Brake Type: <input type="checkbox"/> Yes <input type="checkbox"/> No	Limit Switches:			Car Top Operating Device?	Slack Cable Switch:		
15	No. of Hoisting Cables:	Size Cables:	Material of Cables:					
16	Safety Devices, Type: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Manufacturer's No	Speed Governor Type:	Manufacturer's No	Approved Capacity:			
17	Car Weight:		Car Weight With Rated Load:		Hydraulic Pressure:	Elevator Manufacturer:		
18	Unit To Be Installed By:					Wisconsin Registration No		

**NOTE: Plan review fee is to be submitted with this application. Please determine the proper fees and enter below.**

19	Total Cost To Purchase:	Plan Examination Or Remodel Fee (1.5% of total cost)	Plan Fee	▶ \$ _____
	▶ \$ _____	Total Cost X 0.15 = Fee Due (enter at right)	→	▶ \$ _____
21	I certify that the above statements are true and accurate to the best of my knowledge and belief. Applicant Signature _____ Date Signed _____			<b>Total Fee (\$200 minimum) ▶ \$ _____</b>

SBD-22 (R 05/92)

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

**APPLICATION TO ERECT OR REMODEL  
LIFT FOR DISABLED**

Elevator Section  
P O Box 7969  
Madison, WI 53707  
(608) 267-9606

s. 101.12(1)(c)

Submitted for (check one item):  Vertical Wheel Chair  Inclined Wheel Chair  Stairway Chair

Application is made to the Department of Industry, Labor & Human Relations for permission to:  Erect  REMODEL the item checked above in accordance with the following detailed statement and attached plans, and subject to the orders of the Department. The installation will include details shown below and is also to include all orders as required by the elevator code of the department.

Date of Contract: \_\_\_\_\_

User Name			<b>IF USER IS NOT THE OWNER, PROVIDE AT RIGHT</b>	Owner Name		
Number & Street				Number & Street		
City	State	Zip Code		City	State	Zip Code

- Check type of occupancy building is used for:
 

<input type="checkbox"/> Factory	<input type="checkbox"/> Tavern or dining (greater than 100 persons)	<input type="checkbox"/> Library/Museum
<input type="checkbox"/> Office	<input type="checkbox"/> Tavern or dining (less than 100 persons)	<input type="checkbox"/> Hotel/Motel
<input type="checkbox"/> Retail	<input type="checkbox"/> Theater	<input type="checkbox"/> Apt. Bldg./Condo
<input type="checkbox"/> Church	<input type="checkbox"/> School	<input type="checkbox"/> Other (describe) _____
- Submit verification of plan or alteration approval from Safety and Buildings Division (copy of approval letter).
- When located on stairway, specify width measured from:
 

a. Wall-to-wall	_____
b. Handrail-to-handrail	_____
c. Handrail-to-wall	_____
- Submit a plan or drawing with this application showing:
  - Floor area including all dimensions of floor served by a lift;
  - All exits and exit stairways, including widths specified in #3. above; and
  - Proposed location of lift (for required exit stairways, on right side ascending).
- In addition to #4 above, final submittal for plan approval shall include:
  - Plan view of hoistway (where present) showing all dimensions and clearances; and
  - Vertical section of car and hoistway with all dimensions including overhead clearances.

SAMPLE

Total Travel ____ Stories ____ Feet	Rated Load	Rated Speed	Hoistway Size	Car, Size	Type A Safety Device <input type="checkbox"/> Yes <input type="checkbox"/> No	Overspeed Governor Provided <input type="checkbox"/> Yes <input type="checkbox"/> No
Hoistway Door, Type	No. of Doors	How Doors Operated		Locking Devices for Doors	Hoistway Door Unlocking Device <input type="checkbox"/> Yes <input type="checkbox"/> No	
Overhead Clearance	Height of Landing Gates	No. of Landing Gates		Locking Device for Gates	No. of Car Entrances <input type="checkbox"/> 1 <input type="checkbox"/> 2	
Car Gates or Doors	Electric Contacts <input type="checkbox"/> Yes <input type="checkbox"/> No	Power Operated <input type="checkbox"/> Yes <input type="checkbox"/> No	Toeguard <input type="checkbox"/> Yes <input type="checkbox"/> No	Facia Plates <input type="checkbox"/> Yes <input type="checkbox"/> No	Size Hoisting Cables	No. of Hoisting Cables
Unit Manufactured By	Unit To Be Installed By			Wisconsin Registration Number		

**NOTE:** The plan review or remodel fee is to be submitted with this application. Please determine the proper fees and enter below.

Total Cost To Purchase: ▶ \$ _____	Plan Examination Or Remodel Fee (1.5% of total cost) Total Cost X 0.15 = Fee Due (enter at right) →	Fee ▶ \$ _____
I certify that the above statements are true and accurate to the best of my knowledge and belief. Applicant Signature _____ Date Signed _____		Total Fee (\$200 minimum) ▶ \$ _____

SBD-7316 (R 05/92)



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

CERTIFICATE OF OPERATION

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

SBD 252 (R 07/89)

PLEASE POST ON PREMISES

**FEES FOR ELEVATORS AND RELATED EQUIPMENT**

**ILHR 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. ILHR 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. ILHR 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. ILHR 18. The fee per certificate shall be determined in accordance with Table 2.15-2.

Table 2.15-2

Inspection Performed By	Fee Per Certificate
Authorized inspector employed by the department .....	\$25.00
Certified inspector employed by an insurance company or agency .....	\$25.00

History: Cr. Register, June, 1992, No. 438, eff. 7-1-92.

## NFPA 13, Table 2-2.3.1

**2-2.3.1** The standard temperature ratings of automatic sprinklers are shown in Table 2-2.3.1 on the following page. Automatic sprinklers shall have their frame arms colored in accordance with the color code designated in Table 2-2.3.1.

*Exception No. 1: A dot on the top of the deflector, or the color of the coating material, or colored frame arms shall be permitted for color identification of corrosion-resistant sprinklers.*

*Exception No. 2: Color identification shall not be required for ornamental sprinklers such as factory plated or factory painted sprinklers or for recessed, flush, or concealed sprinklers.*

*Exception No. 3: The frame arms of bulb type sprinklers need not be color coded.*

Sprinklers are color coded in accordance with 2-2.3.1 to provide a ready means of establishing the temperature classifications of their operating elements. Table 2-2.3.1 indicates the range of temperatures for sprinklers in each classification and the maximum ceiling temperatures for which each classification may be installed. Exception No. 2 recognizes that traditional color codings are not applicable to specially coated sprinklers, such as decorative or ornamental sprinklers. In some cases, these devices may also be listed as a corrosion-resistant sprinkler in order to receive a particular color finish.

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

Max. Ceiling Temp.		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	66	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