

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,

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Secondaria Secondaria la farta da la calendaria na farta da la calendaria na farta da la calendaria 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.

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Wisconsin DILHR Safety Buildings Divsion Elevator Safety Section

A. TYPE APPLICATION:

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. 15,04(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

NEW INSTALLATION ____ EXISTING INSTALLATION/REMODEL(Wisconsin Registration Number

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.

8.	APPLICANT/OW	NER/BUIL	DING DATA:										
Γ	Owner's Name/P	roperty Ma	nager			BILLING	- Proje	ct Name					
2	Number & Street					ADDRESS	- ·	ct Street Addres	\$	-n R	•	· · · · · ·	
3	City			County	Zip Code	ADDRESS	City		No	DIL	5	County	Zip Code
.4	Building used for(Туре осси	pancy)	.L	- 	DILHR USE	Build	ing ID No.	2 19/14	70	Plan ID No:		*
<u>с</u> .	INSTALLER INFO					10.02.	_	5	<u>6</u>		- I		
	5 Lift Equipment Ins		N.	Address				Contact Perso	วก		Telephone n	umber	
-	List Applicable rul	es of ASM	E A17.1, Secti	on 1200:	(Submit copy	of accepted pr	oposal	detailing scope	of work)		Hydraulic Co	ontrol Valve	
(5										Туре	Make	
D.	LIFT EQUIPMEN	T TYPE (P	lease check o	ne)									
		evator Freight(CL	ass) A B C1	C2 C3	Elevator Limited Use	, Limited Acce	×SS	Stage Lift	Dumbwaite	Escalator	Residential	Special Pu	rpose Elev
E.		SPECIFI	CATIONS (PI	ase complet	e applicable p	ortions)							
	B Date of Contract		Name of Lift					No Landings	Total Travel:	Net Inside Ca	Dimension:	Rated Load:	Rated Speed
									Ftin		sq.ft.	<u> </u>	
Ş	Hoistway Door Ty	pe	How doors or		Locking device	e for doors:	Hoistw	ay Size(L x W):	Hoistway Fire	•	1	cess switch pr	ovided?
			Power	Manual			L	h	L	Hr(s)	Yes	No	
-10	Type of Cam:	Deticion	Landing Gate		Locking Device	e for Landing (Sate:	Number of Ca		Electric Conta		Power Opera	1
11	Stationery Top runby:	Retiring	Yes Bottom Runb	No No	Overhead Clea	12000	Pit De	Doors	Gates Type Buffers	Yes	No	Buffer Size	No Buffer Stroke
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12	Machine Location		Machine Mak		Brake Type		Kind of	Power		Horsepower		Limit Switche	s .
							Ele	ctric Hydra	aulic			Yes	No
13	Volts: Am	peres:	Phase:	Type of Open	ation:				Guide Rail Typ	xe:	Size of Guide		
					-				Ó		Car	Counterweig	
14	Hoisting Cables		Cable Materia	tiype	Drum Size: Drive Sheave S	ize:	1.1	Cable Switch s No	Car Weight	1	Car weight v	Vith Rated Loa	a
	FIRE SAFETY DE	VICES & E	QUIPMENT										
15	Fire Fighter Service	eYes	No	Smoke Sensi	ng Control	Designated Ev	acuatio	n Level:		Sprinklers Insta		Sprinkler Loca	
_	No. Phase I remote			Yes	No /	Alternate Evac	uation	.evel:		Yes	No	Hoistway _	Mach Rm
). 	MECHANICAL SA												
16	Safety Device Type	:	Manufacturer's	s Name	Manufacture's I	D Number		Approved Capa	icity:	Speed Governo	ог Туре:	Mfgr's ID Nun	nber
۱.	PLAN REVIEW, IN	SPECTION	A & CERTIFIC	ATE FEES									
17					Initial Certificate	e Fee:		= .	\$25.00		Office Use	Only	
	Total Purchase Cos			_	Plan Review Fe	•			\$	*			
	*Minimum plan fee:				Total Fee(Plan			=	\$				
18	I certify that the	above	statements	s are true o	ind accurat	e to the be	est of r	ny knowledg	ge and beli	er.			
	Applicant Signature		· · · · ·		Т	itle			•		Date Signed		

SBDS-22 (r.05/95)

DEPARTMENT OF COMMERCE

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	Safety Buildings Division Elevator Safety Section	an a	- Li		e Disable	d a a a	401 Pilot Ci Waukesha, (414)	,
do	B. 4 copies of the conform to the C. A copy of the D. The appropria TYPE OF APPLICATION:	subject to the order ectional plan of car e plans and specifi approved building approval letter or vi- te fees as described	s of the Depart and hoistway cations, stam plans (Inst erification of p	tment. The installation y, including all car e uped by a registered allers Shop Drawing plan approval from S ated below	m will also include the ntrances and require architect or enginee 1)	e details described b ad dimensions (A r representing the ivision(Bureau of E	elow and in the plans sub Architectual Drawing)	mitted herewith with
B .	APPLICANT/OWNER/BUI Owner's Name / Property Mar		·	Billing Address	Project Name	<u></u>		
2	Number & Street				Project Street Addr	- 10	11/2	
3	City	County	Zip Code	Lift Address	City	D A MI	County	Zip Code
4	Building used for (Type occup	ancy)		DILHR USE : Bu	ilding ID No.	<u>م</u> الناھ	Plan ID No:	
c.	INSTALLER INFORMATI	ON:	19 (19 (19 (19 (19 (19 (19 (19 (19 (19 (an indended and	Ng tang tang tang tang tang tang tang tan		a na ann an tha	and the second second second

3	Lift Equipment Installer	Address	e e construction de la construction de la construcción de la construcción de la construcción de la construcción	Contract Date	Name of L	ift Mfgr
6	(REMODEL) List Applicable section	is of ASME A17.1, Section 1200	: (Submit copy	of accepted proposal detailng scope	of work)	Wi Registration No.
D.	LIFT EQUIPMENT TYPE (Please o	heck one)	an taon an fao	an a	n an Anna an g	en al al tradition des
				F. B. S. S. S.		

Vertical Wheel Chair Lift Inclined Wheel Chair Lift	Stairway Chair Lif	ñŁ

E. LIFT EQUIPMENT SPECIFICATIONS (Please complete applicable portions)

	8 Total Travel:	Rated Load:	Rated Speed	Hoistway Size	Hoistway, Enclo	sure of:
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1	9 Hoistway Door Type	How doors operated	Locking device for doors:	Number of Hoistway	Doors	
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10	Height of Landing Gates	# of Landing Gates	Locking Device for Gate:	Number of Car openi	ngs: Electric Contacts	5:
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11	Volts: Amperes:	Phase: Type of Driv	e Unit Hydraulic:	Rack &	Pinion So	crew Drive:
		a A British Barrier Bar	Roped	Direct Y	es No	Yes No
12	Hoisting Ropes	Rope Material Type	Sheave Dia :	Slack Rope Switch Car We	eight Ca	ar Weight With Rated Load
	No. Size			_No _Yes		

F.	MECHANI	CAL SAFETY DEVICE	ES (1997) - Constanting and Constantin	an Ara.	a Marina a series a series and a series and a series of the series of the series of the series of the series of	at we want get to de weet to sol
13	Safety Device Type:	Manufacturer's Name	Manufacture's ID Number	Speed Governor Type:	Approved Capacity:	Mfgs ID Number
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Total Purchase Cost: \$	Plan Rev Fee(1.5 % of cost):	= \$		14 A.	
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* Minimum plan fee \$225.00 (Wit	h Cert.) Total Fee(Plan Rev. & Cert.)	= \$			
I certify that the above statemer	nts are true and accurate to the best of	my knowledge and	t belief.		
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Wisconsin Department of Industry, Labor and Human Relations Safety and Buildings Division

ELEVATOR INSPECTION REPORT

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

Region		Occupant			File No. E -		Y Date	A Date		
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Wisconsin Department of Ind Labor and Human Relations Safety and Buildings Division	2		CE AND GOVERNOR T REPORT	Elevator Safety Sectio P.O. Box 7969 Madison, W1 53707 (608) 267-3576
	(In compliance	e with Elevator Co	ode Sections ILHR 18 and A17.1	1002.3)
		Safety Test	Run Away Test	
Cıty	Premises	1	The second card	State Registration Number
Occupant	the state of the		n - N ^{ala} Medina ta wasan ta ya wa	 The construction of the second se Second second seco
Owner or Agent		wner/Agent Address		
1 Rated Capacity	lbs	Rated Speed	F.P.M Pass	<u></u>
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Combination Instant	aneous and Oil But	saarrike ookt ffer.	lamp; Gradual wedge-clan	
at	F.P.M.	Actual Car Sp	eed	
5. Was safety tested wi	th contract load in	the car?	n Bio If no, pounds tes	ted?
6. Governor Rope:		BALL OF	クトレン	
Condition or governo				
			·	
7. Length of marks on g	uide rails made by	safety jaws:	R.H. Rail	
			L.H. Rail	
8. Did car set out of leve	el? 🗋 Yes	🗌 No 🛛 If yes, i	nches out of level	
Did governor set sati	ifactorily?	es 🔲 No	Remarks	
). Did safety test prove	satisfactory?] Yes 🔲 No	Remarks	ing and a second s
1. Was the tag fastened	and sheet as a first		🗋 Yes 📋 No	n an Aligan An Suite Anna an Anna Anna Anna Anna Anna Anna
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he above safety and gove	rnor tests were ma	de in compliance	e with the Wisconsin Administra	ative Code Sections
HR 18 and A17.1 1002.3 a	and proved satisfac	tory	a de la la companya de la constante de la const La constante de la constante de	
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	FEES. Fees for the initial inspe for an application for installatio			a an
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	dance with the requirements of	f ch. Comm 18, shall l		
n North Rost	rate of 1.5% of the cost to the p	f ch. Comm 18, shall b burchaser, excluding bu	ilding construction.	
n North Cont	rate of 1.5% of the cost to the p The minimum fee shall be \$20	f ch. Comm 18, shall b burchaser, excluding bu 00.00.	uilding construction.	
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(3) CERTIFICATES OF OPERATION. The department shall issue a certifi-cate of operation for each elevator upon receipt of the inspection report in-dicating 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.

DEPARTMENT OF COMMERCE

Maximum Ceili	eiling Temperature Temperature Rating			Temperature		
۴F	°C	°F	°C	Temperature Classification	Color Code	Glass Bulb Color
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
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编制的 法保证 法规定保证证 化合金管子			이 가지 않는 것	*	tan tan di kata ta	2

NFPA 13, Table 2–2.3.1 mperature Ratings, Classifications, and Color Codings

ะไประวัฒนุของประโทษของไปรูณหมืองและประวัทยาประวัตรารของสมอสมุณหมืองประวัทยามหยังไปสมุณของผู้สำนักมหมัดประวัฒน แปรงไประวัตรารของไม่สุรัยประวัตรายในประวัตรารประวัตรารประวัตรายที่สามพัฒนาประวัตรารประวัตรายในสมัย (พระพุณษณฑาประวัตรายการประวัตรายสาม (ประวัตรารประวัตรารประวัตรายที่ไปประวัตรายการประวัตรายการประมณี (ป พระพุณษณฑาประวัตรายการประวัตรายสาม (ประวัตรารประวัตรารประวัตรายการประวัตรายการประวัตรายการประวัตราย พระพุณษณฑาประวัตรายการประวัตรายสาม (ประวัตรารประวัตรายการประวัตรายการประวัตรายการประวัตรายการประบุณษณฑาประวัตร