



**Office of the Illinois State Fire Marshal  
 Division of Elevator Safety  
 James R. Thompson Center  
 100 West Randolph Street, Suite 4-600  
 Chicago, IL 60601  
 312-814-1325  
 Fax 312-814-3459**



## Application for Conveyance Permit

This *Application for Conveyance Permit* form is strictly for approval to erect, install, construct or materially alter any elevator, escalator, platform lift, power-driven stairway and stairway chairlift (collectively hereinafter referred to as “conveyance”) located within the State and in those instances where the local governmental authority does not regulate conveyances.

This *Application for Conveyance Permit* form must be submitted with a set of plans and specifications that show the location of the machinery room and the equipment to be installed, relocated, or altered, and all structural supporting members, including foundations. The specifications shall include all materials to be employed and all loads to be supported or conveyed. These plans and specifications shall be sufficiently complete to illustrate all details of construction and design.

Please mail the *Application*, plans and specifications to the Office of the State Fire Marshal, Elevator Safety Division, James R. Thompson Center, 100 W. Randolph, Suite 4-600, Chicago, IL 60601. **Please include the appropriate Application fee and Variance fee (if applicable) and make the fee payable by check or money order to the “OSFM”.** The Elevator Safety Division will process the *Application* in the order they are received and shall issue for each conveyance a Permit or notify the applicant of the reason for the denial. **Please allow 3 to 6 weeks for processing.**

**OFFICIAL USE ONLY**

\_\_\_\_\_ Illinois Conveyance Number                      \_\_\_\_\_ Date Issued                      \_\_\_\_\_ Plan Number

Local Rule     YES \_\_\_\_\_                       NO

**1. Type of Permit & Fee**

New Installation \$200.00             Alteration \$100.00 - Illinois Conveyance Number \_\_\_\_\_  
 Variance/Exception Number (if applicable) \_\_\_\_\_

**2. Project Location**

Name of Building (or Number):	County:
Building Address (include City/State/Zip Code):	
Name of Building Owner:	
Owner’s Address (if different than Building Address):	
Proposed Date of Project:	

### 3. Submitter

Name of Business:	Illinois Elevator Contractor License Number:
Business Address:	
City/State/Zip Code:	
Contractor Phone Number:	Contractor Fax Number:

### 4. Conveyance Information

#### General Information

Manufacturer:	Model:
Type:	Use:
Capacity (lbs):	Speed (fpm):
Landings:	Travel:
Classification:	Applicable Code:

#### Suspension Cables

Type:	Size:
Number of Cables:	Rope Ratio:
Breaking Strength:	

#### Governor

Type:	Rope Size:
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#### Car

Car Enclosure Type:	Car Guide Shoes/Rollers:
Platform Size:	Inside Cab Area:

**Controller**

Manufacturer:	Model:
Controller Volts:	Controller Amps:
Horsepower:	

**Power Unit**

Manufacturer:	Model:
Motor:	Pump:
Working Pressure:	Relief Pressure:
System Working Pressure:	Valve:

**Hoist Machine**

Manufacturer:	Type:
Drive Sheave:	Deflector Sheave:

**Jack Assembly**

Working Pressure:	Plunger:
Plunger Length:	Plunger Wall Thickness:
Cylinder Length:	Cylinder Wall Thickness:
Cylinder Protection:	

**Door**

Size:	Type of Opening:
Finish:	

## Hoistway Equipment

Buffers (type/stroke):	Car Rail Type:
Maximum Bracket Spacing:	

**Machine Room - Please identify the page of the Plans where the layout of the Machine Room is shown.** \_\_\_\_\_

### 5. Variance From Applicable Code

**Are there any known exceptions to the requirements of the applicable code included in this planned project?**

- No
- Yes. If yes, please attach as *Attachment A* with a written explanation. (Variance fee \$200)
- Please attach as *Attachment B* any other information that you feel may be pertinent to the agency's review of the submitted plans.

### 6. Signature

Signature _____	Date: _____
Print Name (and Title) _____	
Name of Company _____	
Address _____	
Contact Phone Number _____	