



### 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 the *Application for Conveyance Variance as Attachment A* with a written explanation. (Variance fee \$300)
- 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 \_\_\_\_\_