

Village <sup>the</sup> of New Lenox  
*"Home Of Proud Americans"*

Building Department  
Phone 815-462-6490  
Fax 815-462-6469



**ELEVATOR PERMITS**

**01/2011**

**ELEVATOR INFORMATION**  
**FOR THE VILLAGE OF NEW LENOX**  
**1 VETERANS PARKWAY NEW LENOX, ILLINOIS 60451**  
**(815) 462-6490**

This information is provided for new construction and modernization work of elevator submittals for plan review, permit and inspections. All permit information shall be given to the Village of New Lenox for processing. The required information is as follows:

**New Construction Work and Modernization Work**

1. Five (5) sets of stamped - final layout shop drawings professionally produced. If an architectural plan will assist in the review and approval process, then submit the architectural plan. [Note: Provide the Illinois State Contractors License.]
2. The following information **MUST BE** on the final layout drawings: Building Name, Building Address, Name of Municipality, Car Speed, Car Capacity, Elevator Number, Number of Floors Served, Elevator Location within the Building and the Name of the Elevator Company with the Company's Address and Telephone Number.
3. The following items, and any other optional equipment not listed, **MUST BE** identified on the final layout shop drawing(s) or submitted as a cut-sheet(s): Machine Room showing the location of the elevator(s) and the electrical equipment, Fixtures – Car and Hall, Battery Lowering, Hydraulic Pump Units, Cable Traction – Drum Machines, Cab Layout, Life Jackets, Hydraulic Cylinders, PVC Liners, Sensor Edges, Rope Grippers, Door Operator, Door Locks, Valves, Controllers.

After the drawings and cut-sheets are reviewed and the approval process completed the permit shall be issued.

**REMINDER: ALL ELEVATORS MUST BE REGISTERED BY THE STATE.**

**Inspections**

Scheduling an elevator inspection and the requirements of the elevator inspection are as follows:

1. The elevator installation company shall call Thompson Elevator for the inspection.  
**THOMPSON ELEVATOR – (847) 296-8211.**
2. The appointment should be scheduled, at a minimum, 4-7 days prior.
3. On the day of the inspection, the elevator installation company shall have present *ON THE JOB SITE THE CORRECT STAMPED APPROVED PLANS*. [NOTE: If the stamped approved plans are not present, on the job site, then the Inspector for Thompson Elevator **WILL NOT** conduct the inspection.]

**VILLAGE OF NEW LENOX**  
**ELEVATOR PERMIT FORM**  
**PERMIT NO. \_\_\_\_\_**

**SITE INFORMATION**

NAME OF BUILDING: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_

REAL ESTATE TAX #: \_\_\_\_\_

LOT #: \_\_\_\_\_ SECTION: \_\_\_\_\_ BLOCK #: \_\_\_\_\_

BUILDING USE: \_\_\_\_\_ ESTIMATED VALUE: \_\_\_\_\_

**BUILDING OWNER**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

I HEREBY CERTIFY THAT I HAVE READ, UNDERSTAND AND AGREE TO CONFORM TO ALL GOVERNING INFORMATION AND REGULATIONS SET FORTH BY THE VILLAGE BOARD OF NEW LENOX.

**APPLICANT INFORMATION**

NAME: \_\_\_\_\_  
(PLEASE PRINT AND SIGN NAME) [BUSINESS NAME IF APPLICABLE]

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

**CONTRACTOR LIST (NAME AND REGISTRATION #)**

ELEVATOR INSTALLER: \_\_\_\_\_

STATE LICENSE NUMBER \_\_\_\_\_ N.L. REGISTRATION # \_\_\_\_\_

ELECTRICAL CONTRACTOR: \_\_\_\_\_

N.L. REGISTRATION # \_\_\_\_\_

----- VILLAGE OF NEW LENOX USE -----

\_\_\_\_ IL CONTRACTOR'S LICENSE    \_\_\_\_ 5 STAMPED SETS OF DRAWINGS    \_\_\_\_ 4 SETS OF CUT-SHEETS

**GENERAL ELEVATOR INFORMATION**

MANUFACTURER: \_\_\_\_\_ MODEL: \_\_\_\_\_

TYPE: \_\_\_\_\_ USE: \_\_\_\_\_

CAPACITY (LBS.): \_\_\_\_\_ SPEED (fpm): \_\_\_\_\_

SUSPENSION CABLES: TYPE: \_\_\_\_\_ SIZE: \_\_\_\_\_ NUMBER: \_\_\_\_\_

GOVERNOR: TYPE: \_\_\_\_\_ ROPE SIZE: \_\_\_\_\_

CAR: TYPE: \_\_\_\_\_ PLATFORM SIZE: \_\_\_\_\_ INSIDE AREA: \_\_\_\_\_

CONTROLLER: MANUFACTURER: \_\_\_\_\_ MODEL: \_\_\_\_\_

VOLTS: \_\_\_\_\_ 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: \_\_\_\_\_

DOOR: SIZE: \_\_\_\_\_ TYPE OF OPENING: \_\_\_\_\_ FINISH: \_\_\_\_\_

HOISTWAY EQUIPMENT: BUFFERS (TYPE/STROKE): \_\_\_\_\_

CAR RAIL TYPE: \_\_\_\_\_ MAXIMUM BRACKET SPACING: \_\_\_\_\_

**COMMERCIAL, INDUSTRIAL & MULTI-FAMILY PROJECTS  
THIRD PARTY REVIEW**

I have submitted Building Plans that will require the services of a third party reviewing agency.

I am aware that as the applicant for the Building Permit that I am responsible for all costs incurred for the review of the Building Plans and all related necessary reviews by the third party agency in accordance with their fee schedule.

I understand that the Review Fee shall be due and payable even though the Building Permit may not be issued for this particular project.

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**TELEPHONE #** \_\_\_\_\_

**PROJECT NAME** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**FOLLOW- UP REVIEWS**

**REVIEW TYPE:**

**FIRE ALARM** \_\_\_\_\_ **SPRINKLER** \_\_\_\_\_ **ELEVATOR** \_\_\_\_\_

**FORWARD COMMENTS/APPROVAL TO :**

**BUSINESS NAME:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**TELEPHONE #:** \_\_\_\_\_



**Illinois Office of the State Fire Marshal  
 Division of Elevator Safety  
 1035 Stevenson Dr.  
 Springfield, IL 62703  
 217-785-0969  
 Fax 217-558-1320**



## Registration of Conveyances

This *Registration of Conveyance* form is strictly for the registration of each elevator, escalator, platform lift, power-driven stairway and stairway chairlift (collectively hereinafter referred to as "conveyance") at your location. The Owner must complete this *Registration of Conveyance* for existing conveyance(s) and the Contractor must complete this *Registration of Conveyance* for all new conveyances they install.

All *Registration of Conveyance* forms must be submitted to the Office of the State Fire Marshal, Elevator Safety Division, 1035 Stevenson Drive, Springfield, IL 62703. The Office will **INVOICE** you the \$30.00 registration fee (PLEASE DO NOT SEND MONEY WITH APPLICATION). The Elevator Safety Division will process the *Registration* in the order they are received and shall issue for each conveyance a registration identification plate with the registration number inscribed that shall be used to identify the conveyance thereafter. The registration plate shall be permanently affixed/attached to the upper right hand corner of the controller.

<b>OFFICIAL USE ONLY</b>	
_____	_____
Illinois Conveyance Number	Date Issued
Local Rule <input type="checkbox"/> YES _____ <input type="checkbox"/> NO _____	

**1. Building Location**

Name of Building (or Number):	County:
Building Address (include City/State/Zip Code):	

**2. Building Owner**

Name of Building Owner:	
Owner's Address (include City/State/Zip Code):	
Phone Number of Owner:	Fax Number of Owner:
Email Address of Owner:	FEIN or Social Security Number of Owner:

**3. Billing Information (If different than above)**

Name on Invoice:	Telephone Number:
Address (include City/State/Zip Code):	

**4. Conveyance Information:**

<input type="checkbox"/> New Installation PERMIT # (from Permit Letter if State Issued): _____ <input type="checkbox"/> Existing Conveyance	Status of Conveyance: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Red Tagged	
Date of Installation:	Name of Manufacturer:	
Model:	Serial Number and /or Internal ID Locator:	
Conveyance Type: <input type="checkbox"/> Hydro-Elevator <input type="checkbox"/> Traction-Elevator <input type="checkbox"/> Dumb Waiter <input type="checkbox"/> Moving Sidewalk/People Mover <input type="checkbox"/> Lift <input type="checkbox"/> Escalator Handicapped Lift <input type="checkbox"/> Platform <input type="checkbox"/> Stairway Chairlift		
Conveyance Use: <input type="checkbox"/> Freight <input type="checkbox"/> Passenger <input type="checkbox"/> Other (please specify): _____		
Method of Operation: <input type="checkbox"/> Traction <input type="checkbox"/> Hydraulic <input type="checkbox"/> Other (please specify): _____		
Capacity: _____ lbs	Speed: _____ fpm	Landings:

**5. Name of Company that Installed Conveyance:**

Name of Company that Installed the Conveyance:
Illinois Elevator Contractor License Number (if submitted by Contractor):

**6. Last Inspection of Conveyance:**

Name of Company Performing Last Inspection:	
Date of Last Inspection:	<input type="checkbox"/> Please attach copy of last inspection report
Certificate of Operation Issued <input type="checkbox"/> YES <input type="checkbox"/> NO	Certificate Issued By:
Certificate of Operation Duration:	Certificate of Operation Expiration:

PLEASE SUBMIT COPY OF LAST INSPECTION

**7. Signature**

I certify under penalty of perjury that the information on this registration is true and complete to the best of my knowledge.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name (and Title) \_\_\_\_\_

Name of Company \_\_\_\_\_

Address \_\_\_\_\_

Contact Phone Number \_\_\_\_\_