BLOCK 341 LOT 474 QUALIFICATION CODE ADDRESS (SITE) PERMIT NO. 15-1022

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-15-001122

I. IDENTIFICATION

1. Proposed Work Site at: 34 Kettle Creek Drive, Brick
2. Name of Owner in Fee: Donna Maher
   Tel. ( ) e-mail
   Address 5 Veronica CT, Jackson NJ 08533 (street / municipality / zip code)
3. Ownership in Fee: Public X Private
4. Principal Contractor: Accredited Home Elevator Tel. (609) 660-8000
   Address 1275 Main ST e-mail Scottjc@accelevator.com
   Barnegat NJ 08005
   License No. OR, if new home, Builder Reg. No. Exp. Date
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 13VH04317500
   Federal Emp. ID No. 20-8058932 FAX: (609) 660-8336
5. Architect or Engineer Contact
   Address e-mail
   Tel. ( ) FAX: ( )
6. Responsible Person in Charge once Work has Begun Scott Wallace
   Tel. (609) 660-8000 FAX: (609) 660-8336

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ft.	
3. Area — Largest Floor sq. ft.	
4. New Building Area sq. ft.	
5. Volume of New Structure cu. ft.	
6. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved ____ HUD ____	
9. Total Land Area Disturbed sq. ft.	
10. Flood Hazard Zone	
11. Base Flood Elevation ft.	
12. Wetlands yes ____ no ____	

IIa. PROPOSED WORK

- ☒ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		(3/24/15 Mail)							
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☒ Elevator	$16,395				3/27/15	RE			
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed:
3. Change In Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed:
3. Change In Use Group, Indicate Present:

C. MIXED USE -List secondary use(s):

D. Construct. Classification: Present
Proposed

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☒ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 1/21/2016
Control Number C-15-001122
Permit Number 15-1022
Permit Issue Date 4/10/2015
Certificate Number 15-1022

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 34 KETTLE CREEK DR. Brick Township, NJ Block: 341 Lot: 474 Qual:

Owner in Fee: MAHER, DONNA

Owner Address: 5 VERONICA COURT NEW EGYPT NJ 08533

Telephone:

Contractor ACCREDITED HOME ELEVATOR OF NJ

Address 127 SOUTH MAIN STREET BARNEGAT NJ 08005

Telephone: (609) 660-8000 Fax: (609) 660-8336

License Number or Builders Registration Number: Federal Emp. Number: 20-8058932

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ELEVATOR

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

David J. Newman Jr.

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 1/21/2016

U.C.C. F260 (rev. 08/05)

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(X) Check if contractor.

Agent Name Accredited Home Elevator

Address 127 S. Main ST

Barnegat NJ 08005

Telephone (609) 660-8000

Signature [signature]

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

ACCREDITED
HOME ELEVATOR
COMPANY

127 Route 9 South
Barnegat, NJ 08005
1-800-488-5905 • 609-660-8000
Fax: 609-660-8336

March 20, 2015

Brick Township
ATTN: Ray Ely
Elevator Subcode Official

RE: FLOOD CERTIFICATE & MACHINE ROOM LOCATION

Enclosed you will find the flood elevation certificate for the address below. Also below is the information that confirms the equipment for the elevator will be located above the base flood elevation.

34 Kettle Creek Drive, Brick
Block: 477
Lot: 341

BFE = 5
Slab Elevation = 2.2
Equipment Elevation = 9'

Equipment location = Machine Room will be located on a platform at 9' BFE

Scott Wallace, Jr.

Scott Wall

Accredited Home Elevator

54 Reiice Creek Dr

ELEVATOR INSPECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

DEVICE TYPE
DEVICE NUMBER
TYPE OF INSPECTION/TEST

S = SATISFACTORY U = UNSATISFACTORY (Use NA When Not Applicable)

D. ESCALATOR/MOVING WALKS (Device Type)												
	S	U	S	U	S	U	S	U	S	U	S	U
1. Stair Treads/Comb Plates												
2. Balustrade/Handrails												
3. Shear Points Protection												
4. Emergency Stop Switches												
5. Steps, Rollers & Tracks												
6. Chains & Sprockets												
7. Safety Devices												
8. Kiosk/Wellway/Safety Zone												
9. Clearances												
10. Protection of Trusses & Machinery Space (Fire)												
11. Skirt & Steps Clearance												
12. Machinery Access Space & Lighting												
13. Escalator Brakes												
14. Machine/Brakes/Gears/Motor												
15. Starting & Switches												
16. Speed Governor												
17. Roller Shutter Device												
18. Signs, Seals, Planks, Labels, Unit ID, Tags												
19. Step Lighting												
20. Required Disconnect												
21. Routine Maintenance												
22. Tests												
23.												

E. TESTS: TRACTION ELEVATOR DEVICES (Pass or Fail)	
1. Device Number	
2. Car Rated Speed	
3. Overspeed Switch	
4. Tripping Speed	
5. Capacity	Pass
HYDRO ELEVATOR DEVICES (Pass or Fail)	
1. Car Registration Number	
2. Working Pressure	640
3. Relief Pressure	960
4. Capacity	950
5. Tags	✓

F. APPLICABLE CODES	
	A17.1 2007
	NEC 2011
	IBC N.J. 2009

ACTION TAKEN	
1. Device Number	
2. Recommended Type of Certificate (Cyclical Inspections Only)	C of C
3. Removed from Operation	

Note: When unsatisfactory conditions are noted, see "Notice" attached.

NO VIOLATIONS
C of C

Dennis T. Murphy 6391
Inspector's Name (print) and Lic. No.

Dennis T. Murphy
Inspector's Signature

U.C.C. F310-2
(rev. 2/07)

ELEVATOR SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 15 - 1022

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 477 - 341 **Lot** 341 474 **Qualification Code**
Work Site Location Job Site: 34 Kettle Creek Dr
City: Brick State: New Jersey Zip: 08723

Owner in Fee: Donna Maher
Tel. e-mail
Address 5 Veronica Ct, Jackson, New Jersey 08533
street municipality zip code

Contractor/installer: Accredited Home Elevator **Tel** 609-660-8000
Address 127 South Main Street, Barnegat, NJ 08005 **e-mail** scottjr@accelevator.com

Home Improvement contractor registration No. 13VH04317500

Federal Emp. ID No. 20-8058932 Fax: 609-660-8336

Maintenance/service contractor Same
Address e-mail
Tel: FAX:

B.ELEVATOR CHARACTERISTICS

Building Use Group Residential Building Registration Number.
Manufacturer AHE Manufacturing Device I.D.
Machine Room Location Adjacent
No. of Stops 2 No. of Openings 2
Travel (ft.) 120 INCH Speed(fpm) 40FPM
Type of Control SAPB Type of operation AUTO
Passenger X Freight
Capacity (lbs.) 950LB
Year of installation 2015 Year of alteration
Estimated Cost of Work $ 16,395

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application

Sign Here Scott Wallace JR
Print Name here Scott Wallace Jr Date: 3/20/15

D. Technical Data

DESCRIPTION OF WORK:

QTY	Item	FEE (office use only)
	Traction or Winding Drum	
0	1 to 10 Floors	$
	Over 10 Floors	
	Hydraulic	
1	Roped Hydraulic	204.
	Escalator/Moving Walk	
	Dumbwaiter	
	Stairway Chairlift, Inclined and Vertical Wheelchair Lifts and Man Lifts	
	Oil Buffers	
	Counterweight Governor and Safety's	
	Auxiliary Power Generator	
	Alterations	
1	Other PIDN Review	63.
	Other	

Administrative Surcharge $
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office use only)

PLAN VIEW
[ ] No Plans Required
[ ]Building Plans and Elevator Specs
Date: . Approved by:
[ ]Elevator Layout Drawings
Date: Approved by:
Joint Plan Review Required:
[x] Bldg. [x] Elec. [ ] Plumb. [ ] Fire.
SUBCODE APPROVAL for PERMIT
Date: 3-27-15
Approved by: R. Eby 5997

INSPECTIONS — Dates (Month/Day)

Type	Failure	Failure	approval	initial
Temporary				
Final			✓ 1/13/2016	DJM

SUBCODE APPROVAL for CIRTIFICATE
[ ] CO [ ] CA
Date: 1/13/2016
Date: Dennis T Murphy 639

U.C.C. F150 (rev 11/09) Applicant: When submitting this form to your local Construction Code Internet Version Enforcement Office, Please Provide one original Plus three photocopies

3/27/15

ELEVATOR UNDOCUMENTED RELEASED DATE

Accredited Elev. Co.

ELEVATOR INSPECTION

Name
Address 34 Kettle Creek Dr Brick

Date 1/13/2016

BUILDING REGISTRATION NO. 15-1022
If FA, Permit No.

TYPE OF INSPECTION/TEST

1 = FA	4 = 3 Yr	7 = Alteration
~~2 = 6 Mo~~	5 = 5 Yr	P = Passenger
3 = 1 Yr	6 = Reinspection	F = Freight

S = SATISFACTORY U = UNSATISFACTORY (Use NA When Not Applicable)

DEVICE TYPE	RHYD											
DEVICE NUMBER	1											
TYPE OF INSPECTION/TEST												
	S	U	S	U	S	U	S	U	S	U	S	U
A. MACHINE ROOM & MACHINE ROOM EQUIPMENT												
1. Enclosure/LIghting/Vents	✓											
2. Machine/Brake/Gears/Motor	N/A											
3. Hydro Power Motor Unit	✓											
4. Motor Generator Set/SCR Drive	✓											
5. Controller/Selector	✓											
6. Governor(s)	N/A											
7. Relief & Check Valves	✓											
8. Required Disconnects	✓											
9. Oil/Hydro Fluid, Leaks, Level	✓			✓								
10. Hydro Fluid Hoses or Pipe	✓											
11. Seals, Plates, Labels, Unit ID, Tags, Signs	✓											
12. Routine Maintenance	✓											
13.												
B. ELEVATOR CAR AND COUNTERWEIGHT												
1. Car Enclosure/Platform/Sling/Flooring	✓											
2. Guide Shoes/Rollers	✓											
3. Car Gate/Door/Accessories/Car Door Reopening Device(s)	✓											
4. Car Gate or Door Operator	✓											
5. Car Lighting/Standard & Emergency	✓											
6. Rope Hitches/Platen Hitch	✓											
7. Top-of-Car Operating Station/Stop Switch	N/A											
8. Car Operating Station/Stop Switch/Indicators	✓											
9. Emergency Signals & Communication	✓											
10. Emergency Exits/Top/Side	N/A											
11. Safeties & Accessories	✓											
12. Seals, Plates, Labels, Unit ID, Tags, Signs	✓											
13. Firefighter Service PHI & II	N/A											
14. Counterweight/Car &Counterweight Sheaves	N/A											
15. Routine Maintenance	✓											
16.												
C. HOISTWAY, HOISTWAY ENTRANCES AND PIT												
1. Enclosure	✓											
2. Door, Closers & Accessories	✓											
3. Door Interlocks/Emergency Key/Access Keys	✓											
4. Guide Rails: Main & Counterweight	✓											
5. Switches and Cams	✓											
6. Pit/Stop Switch/Light/Ladder	✓											
7. Counterweight Guard	N/A											
8. Buffers: Spring or Oil	N/A											
9. Ropes: Hoist, Governor, Counterweight, Compensating, Tail	✓											
10. Traveling Cable and Wiring	✓											
11. Plunger, Cylinder and Gland	✓											
12. Governor Rope Tension Sheave & Assembly	N/A											
13. Compensating Sheave or Chain	N/A											
14. Clearances and Runby	✓											
15. Seals, Plates, Labels, Tags	✓											
16. Hall Station/Hall Position Indicator (if required), Hall Lantern	✓											
17. Routine Maintenance	✓											
18.												

CONSTRUCTION PERMIT

Date Issued 15-1022
Control # C-15-001122
Permit # 4/10/15

IDENTIFICATION Block: 341 Lot: 474 Qualifier
Work Site Location: 34 KETTLE CREEK DR. Brick Township, NJ
Owner in Fee MAHER, DONNA
5 VERONICA COURT NEW EGYPT NJ 08533
Telephone:

Contractor ACCREDITED HOME ELEVATOR OF NJ
Address 127 SOUTH MAIN STREET BARNEGAT NJ 08005
Telephone: (609) 660-8000
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 20-8058932

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☑ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
ELEVATOR

Note: If constuction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $16,695

David J. Newman Jr
Construction Official

Date 4/8/15

PAYMENTS (Office Use Only)	
Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$267
Other	$0.00
DCA Training Fee	$31
CO Fee	
Other	$0
Total	$298
Check No.	16712
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

04/10/15 4:32PM 001558H0156
ELEVATOR $267.00
DCA $31.00

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☑ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

ELEVATOR SUBCODE
TECHNICAL SECTION

Date Received
Control # 15-1022

Date Issued
Permit # 4/10/15

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block ~~477~~ 341 **Lot** ~~341~~ 474 **Qualification Code** _____

Work Site Location Job Site: 34 Kettle Creek Dr

City: Brick State: New Jersey Zip: 08723

Owner in Fee: Donna Maher

Tel. _____ e-mail _____

Address 5 Veronica Ct, Jackson, New Jersey 08533
street municipality zip code

Contractor/installer: Accredited Home Elevator **Tel** 609-660-8000

Address 127 South Main Street, Barnegat, NJ 08005 **e-mail** scottjr@accelevator.com

Home Improvement contractor registration No. 13VH04317500

Federal Emp. ID No. 20-8058932 Fax: 609-660-8336

Maintenance/service contractor Same

Address _____ e-mail _____

Tel: _____ FAX: _____

B.ELEVATOR CHARACTERISTICS

Building Use Group Residential Building Registration Number. _____

Manufacturer AHE Manufacturing Device I.D. _____

Machine Room Location Adjacent

No. of Stops 2 No. of Openings 2

Travel (ft.) 120 INCH Speed(fpm) 40FPM

Type of Control SAPB Type of operation AUTO

Passenger X Freight _____

Capacity (lbs.) 950LB

Year of installation 2015 Year of alteration _____

Estimated Cost of Work $ 16,395

JOB SUMMARY (Office use only)

PLAN VIEW
[ ] No Plans Required
[ ]Building Plans and Elevator Specs
Date: _____ Approved by: _____
[ ]Elevator Layout Drawings
Date: _____ Approved by: _____
Joint Plan Review Required:
[X] Bldg. [X] Elec. [ ] Plumb. [ ] Fire.
SUBCODE APPROVAL for PERMIT
Date: 3-27-15
Approved by: R. Ely #5997

INSPECTIONS

Type	Failure	Failure	Dates (Month/Day) approval	initial
Temporary				
Final				

SUBCODE APPROVAL for CIRTIFICATE
[ ] CO [ ] CA
Date: _____
Date: _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application

Sign Here Scott Wallace JR

Print Name here Scott Wallace Jr Date: 3/20/15

D. Technical Data

DESCRIPTION OF WORK:

QTY	Item	FEE (office use only)
	Traction or Winding Drum	
0	1 to 10 Floors	$
	Over 10 Floors	
	Hydraulic	
1	Roped Hydraulic	204.
	Escalator/Moving Walk	
	Dumbwaiter	
	Stairway Chairlift, Inclined and	
	Vertical Wheelchair Lifts and Man Lifts	
	Oil Buffers	
	Counterweight Governor and Safety's	
	Auxiliary Power Generator	
	Alterations	
1	Other PLAN Review	63.
	Other	

Administrative Surcharge	$
State Permit Surcharge Fee	$
TOTAL FEE	$

U.C.C. F150 (rev 11/09) Applicant: When submitting this form to your local Construction Code Internet Version Enforcement Office, Please Provide one original Plus three photocopies

U.S. DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
National Flood Insurance Program

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1–9.

OMB No. 1660-0008
Expiration Date: July 31, 2015

SECTION A – PROPERTY INFORMATION

FOR INSURANCE COMPANY USE

A1. Building Owner's Name: Donna Mellor

Policy Number:

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 34 Kettle Creek Drive

Company NAIC Number:

City: Brick Township State: NJ ZIP Code: 08723

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Lot: 474 Block: 341

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential

A5. Latitude/Longitude: Lat. 40.0318 Long. -74.1330 Horizontal Datum: ☐ NAD 1927 ☒ NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number: 9

A8. For a building with a crawlspace or enclosure(s):
- a) Square footage of crawlspace or enclosure(s): 1016 sq ft
- b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: 0
- c) Total net area of flood openings in A8.b: 0 sq in
- d) Engineered flood openings? ☐ Yes ☒ No

A9. For a building with an attached garage:
- a) Square footage of attached garage: 400 sq ft
- b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: 0
- c) Total net area of flood openings in A9.b: 0 sq in
- d) Engineered flood openings? ☐ Yes ☒ No

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number	B2. County Name	B3. State
Township of Brick/345283	Ocean	NJ

B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
34029C0192	F	09/29/06	09/29/06	AE	5

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in item B9:
☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other/Source: ____

B11. Indicate elevation datum used for BFE in item B9: ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source: ____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No
Designation Date: ____ ☐ CBRS ☐ OPA

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☒ Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: ____ Vertical Datum: ____

Indicate elevation datum used for the elevations in items a) through h) below. ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source: ____

Datum used for building elevations must be the same as that used for the BFE.

		Check the measurement used.
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	2.2	☒ feet ☐ meters
b) Top of the next higher floor	8.3	☒ feet ☐ meters
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	☐ feet ☐ meters
d) Attached garage (top of slab)	4.9	☒ feet ☐ meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	4.4	☒ feet ☐ meters
f) Lowest adjacent (finished) grade next to building (LAG)	3.3	☒ feet ☐ meters
g) Highest adjacent (finished) grade next to building (HAG)	3.5	☒ feet ☐ meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	3.0	☒ feet ☐ meters

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. *I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.*

☒ Check here if comments are provided on back of form.
☐ Check here if attachments.

Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No

Certifier's Name: Robert H. Morris License Number: 30000

Title: Proprietor Company Name: R H Morris Land Surveying

Address: 1123 Morris Avenue City: Point Pleasant State: NJ ZIP Code: 08742

Signature: Date: 04/10/13 Telephone: 732-899-4387

FEMA Form 086-0-33 (7/12) See reverse side for continuation. Replaces all previous editions.

K EDUCATIONAL PRODUCT

A.H.E MANUFACTURING
1:2 Roped Hydraulic

Model

Model Number:	ACC67
Rated Capacity:	950 #
Car Weight (Inc. Frame):	800 #
Pit Depth	9.00 in
Floor To Floor Travel:	120 in
Overhead:	96 in
Travel Speed:	40 fpm
Maximum Bracket Spacing	60 inch

Cab

Bristol Flatt Pannel

Clear Platform:	45.5 x 34.75
Height:	7'0"
Panels:	Oak
Ceiling:	Oak
Finish:	Clear Coat
Car Operating Panel: Lable	#4 Stainless Steel
Keyed Car Operating Panel:	N
Cab Lighting:	2 Recessed SS
Handrail:	#4 Stainless Steel
Flooring:	unfinnished
Recessed Phone Box:	No

Gate

Type:	Accordion
Finish:	Lt oak Lam 1 Vision Pannel
Size	10 Panel X 80 DLP
Autogate Operator:	No

Drive System

Motor:	Submerged 3 HP 230V 1 phase		
Pump:	35 L Screw pump		
Estimated Working Pressure:	636psi		
Estimated Pressure Relief:	795psi		
Valve:	2 speed with manual lowering		
Piston	2.75 in (70mm)	Wall thick	0.197in
Cylinder	4.00 in (101mm) single piece	Wall thick	0.142 in
Hydraulic Oil:	AW32 30 Gal		
Suspension Means:	(2) 3/8 7X19 Steel Core Air Craft Cable 14400# Breaking Strength		
Hydraulic Line:	3/4" schedule 80 pipe		
Hydraulic Hose:	3' L X 3/4" Diameter 12,400 psi burst strength		
Operating Temperature:	50-120 deg		
Buffer Springs:	Rubber		
Stop Blocks:	N/A		

Main Electrical Supply *

208/230 VAC Single Phase (30 Amp Dedicated)

Cab Lighting Electrical Supply *

120 VAC Single Phase (15 Amp Dedicated)

Controls

Operation:	Automatic
Stops:	2
Final Limits:	N/A
Battery Lowering:	Yes
Floor Connections:	In Main Controller
Additional Travel Cable	_____

Hoistway

Doors & Hardware:	By Others
Door Locks:	2 LH EMI/Porta
Hall Stations:	#4 Stainless Steel
Keyed Hall Stations:	No
Power Door Operator(s):	N0

Standard Features

UL Listed Controller & Motor
Emergency Stop & Alarm
Low Pressure Switch
Low Oil Run Timer
Positively Opened Car Gate Switch
Broken Rope Safety Switch
Type "A" Instantaneous Safeties (Roller)
Type "C" Safety (Rupture Valve)
3/8" Wedge Rope Shackles

FLOOD ZONE: Yes

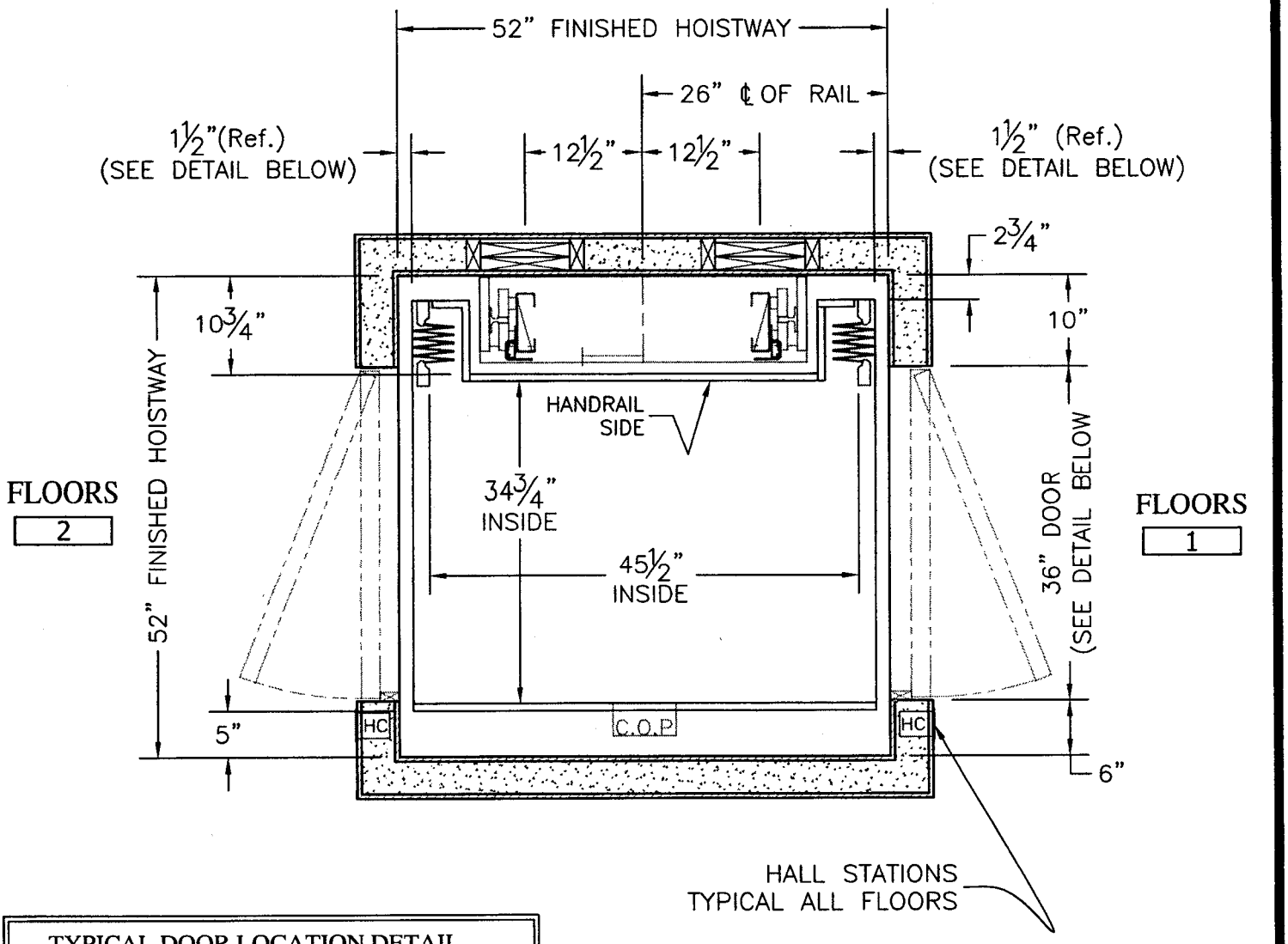
BASE FLOOD ELEVATION 8
EQUIPTMENT TO BE LOCATED ONE FOOT ABOVE BASE FLOOD ELEVATION

APPLICABLE CODES

This Elevator Installation as defined in A17.1 will comply with ASME 17.1 2007 section 5.3, NEC 2011 and all applicable building codes. SEI/ASCE 24-05 shall be applied. clearances in front of the controller and disconnect shall be 36" and all clearances shall comply with NEC 2011.

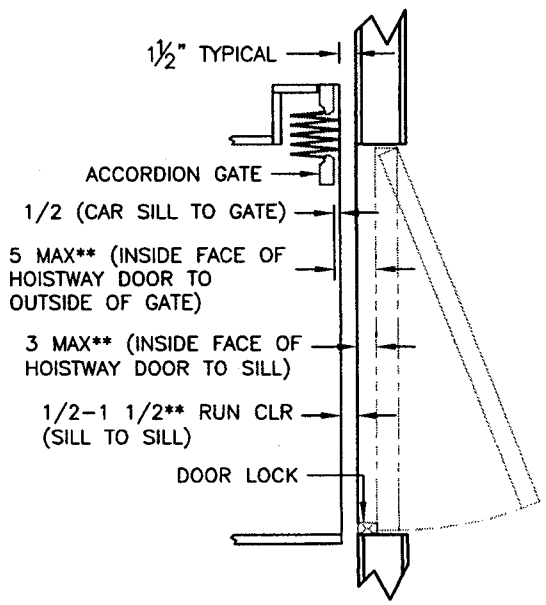
2/9/15

A.H.E. MANUFACTURING
127 RT 9 SOUTH BAYNEGAT, NJ 08005 800-488-5905
1:2 ROPED HYDRAULIC SPECIFICATION SHEET
SCALE: DATE: 2/6/2015
34 Kettle Creek Dr, Brick NJ



TYPICAL DOOR LOCATION DETAIL

HORIZONTAL RUNNING CLEARANCES AS REQUIRED BY ASME A17.1, Rule 5.3.1.7.2



CLEARANCE BETWEEN LANDING FLOOR AND UNDERSIDE OF HOISTWAY DOOR SHALL NOT EXCEED 0.375 in

NOTE:
THE STANDARD FLOORING FOR THIS ELEVATOR IS UNFINISHED PLYWOOD. IT IS DESIGNED TO ALLOW INSTALLATION OF CARPET OR HARDWOOD FLOORING SUPPLIED BY THE CONTRACTOR OR END USER.

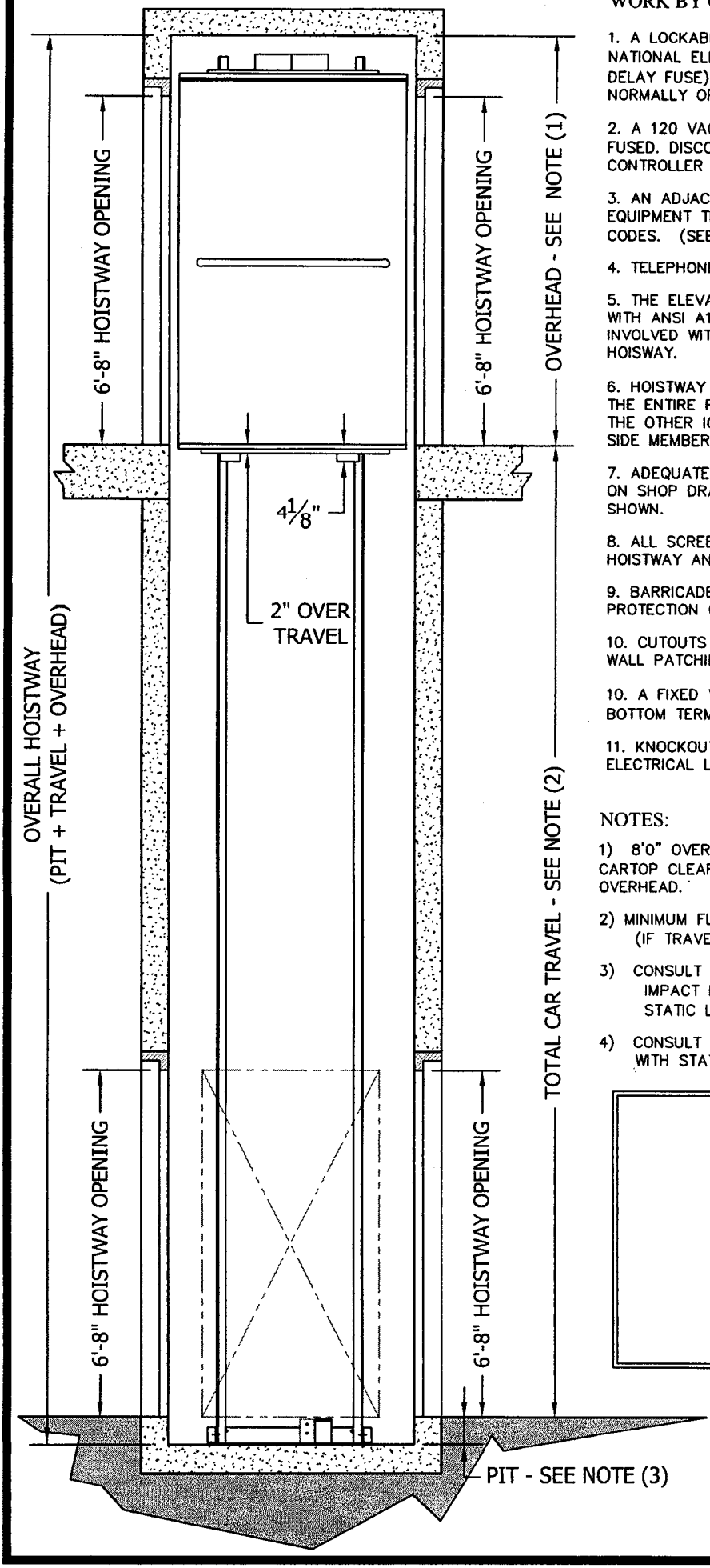
APPROVED BY: DATE: 2/9/15

ACCREDITED HOME ELEVATOR

A.H.E MANUFACTURING INC.
127 RT 9 SOUTH BARNEGAT, NJ (800)-488-5905

MODEL:	DEALER:		
1: 2 ROPED HYDRO	ACCREDITED HOME ELEVATOR		
SCALE:	DATE:	DRAWN BY:	DRAWING NUMBER:
NONE	2/6/15	BM	Acc22

JOB: 34 Kettle Creek Dr, Brick NJ



WORK BY OTHERS

1. A LOCKABLE, FUSED DISCONNECT SWITCH FOR ELEVATOR, PER NATIONAL ELECTRIC CODE, FUSED FOR 30 AMP. DUAL ELEMENT (TIME DELAY FUSE) . THE FUSED DISCONNECT SWITCH IS TO BE FURNISHED WITH NORMALLY OPEN ELECTRICAL INTERLOCK CONTACTS.

2. A 120 VAC 20 AMP SINGLE PHASE POWER SUPPLY WITH LOCKABLE, FUSED. DISCONNECT SWITCH OR CIRCUIT BREAKER WITH FEEDER WIRING TO CONTROLLER FOR CAR LIGHTING PER N.E.C.

3. AN ADJACENT MACHINE AREA MUST BE PROVIDED FOR THE OPERATING EQUIPMENT THAT MEETS N.E.C. REQUIREMENTS, ANSI A17.1 AND ALL LOCAL CODES. (SEE RECOMMENDED MACHINE ROOM PLAN).

4. TELEPHONE CONNECTION IN MACHINE ROOM.

5. THE ELEVATOR HOISTWAY SHOULD BE CONSTRUCTED IN ACCORDANCE WITH ANSI A17.1 AND ALL LOCAL CODES. NO ITEMS NOT DIRECTLY INVOLVED WITH THE FUNCTION OF THE ELEVATOR ARE ALLOWED IN HOISWAY.

6. HOISTWAY FRAMEWORK MUST BE PLUMB AND SQUARE WITHIN 1/2" OVER THE ENTIRE RISE. HOISTWAY DOORS TO BE INSTALLED PLUMB ONE ABOVE THE OTHER ION ACCORDANCE WITH A17.1 RULE 5.3.7.1.2 ALL WALLS AND SIDE MEMBERS MUST EXTEND FROM SILL TO BEAM.

7. ADEQUATE RAIL BRACKET SUPPORT MUST BE PROVIDED AS INDICATED ON SHOP DRAWINGS FASTENINGS NOT TO EXCEED VERTICAL INTERVALS SHOWN.

8. ALL SCREENS, RAILINGS, STEPS AND LADDERS AS REQUIRED FOR LEGAL HOISTWAY AND MACHINE ROOM.

9. BARRICADES OUTSIDE OF ELEVATOR HOISTWAY AS REQUIRED FOR PROTECTION OF WORKMEN, OTHER CONTRACTORS OR OCCUPANTS.

10. CUTOUTS TO ACCOMMODATE HALL PUSHBUTTONS ARE REQUIRED. ALL WALL PATCHING , PAINTING AND GROUTING BY GENERAL CONTRACTOR.

10. A FIXED VERTICAL LADDER TO PIT EXTENDING 42" ABOVE SILL OF BOTTOM TERMINAL ENTRANCE SHALL BE PROVIDED WHEN PIT EXCEEDS 36".

11. KNOCKOUT IN WALL BETWEEN HOISTWAY MACHINE ROOM FOR OIL AND ELECTRICAL LINES TO BE COORDINATED WITH ELEVATOR CONTRACTOR

NOTES:

1) 8'0" OVERHEAD REQUIRED FOR 7'–0" CAB HEIGHT. (INCLUDES 9" OF CARTOP CLEARANCE.) CAB HEIGHT OVER 7'–0" REQUIRES ADDITIONAL OVERHEAD.

2) MINIMUM FLOOR TO FLOOR TRAVEL IS 16" BETWEEN FLOORS (IF TRAVEL IS LESS THAN 16" CONSULT FACTORY)

3) CONSULT FACTORY FOR MINIMUM PIT DEPTH.
IMPACT LOAD @ PIT 4750 LBS (950# CAPACITY)
STATIC LOAD @ PIT 2900 LBS (950# CAPACITY)

4) CONSULT LOCAL AUTHORITY TO ENSURE COMPLIANCE WITH STATE AND LOCAL CODES.

JOB SPECIFIC HOISTWAY SPECS

225	OVERALL HOISTWAY
96	OVERHEAD
120	FLOOR TO FLOOR TRAVEL
9	PIT DEPTH

APPROVED BY: _____ DATE: 2/9/15

A.H.E MANUFACTURING INC.
127 RT 9 SOUTH BARNEGAT, NJ (800)-488-5905

ACCREDITED HOME ELEVATOR

MODEL:	DEALER:		
1:2 ROPED HYDRO	ACCREDITED HOME ELEVATOR		
SCALE:	DATE:	DRAWN BY:	DRAWING NUMBER:
NONE	2/6/15	BM	Acc22

JOB: 34 Kettle Creek Dr, Brick NJ

MAIN LINE DISCONNECT & CAB LIGHT DISCONNECT BY OTHERS

MAIN LINE DISCONNECT
3 POLES
(1 FOR BATTERY LOWERING)

CAB LIGHT DISCONNECT
1 POLE

MAIN CONTROL BOX
23"H X 20"W X 6.5"D

SUBMERGED POWER UNIT
33"H X 30"W X 14"D

****IF IN A FLOOD ZONE****

ALL ELEVATOR EQUIPMENT SHALL BE LOCATED ABOVE FLOOD PLANE AND UNIT SHALL BE EQUIPPED WITH PIT FLOAT SWITCH OTHERS AS PER SEI/ASCE 24-05

DEALER IS RESPONSIBLE FOR INSURING THAT THE MACHINE SPACE LAYOUT AND THE MACHINE LOCATION MEET CODE REQUIREMENTS IMPOSED BY LOCAL AUTHORITY HAVING JURISDICTION

NOTES:

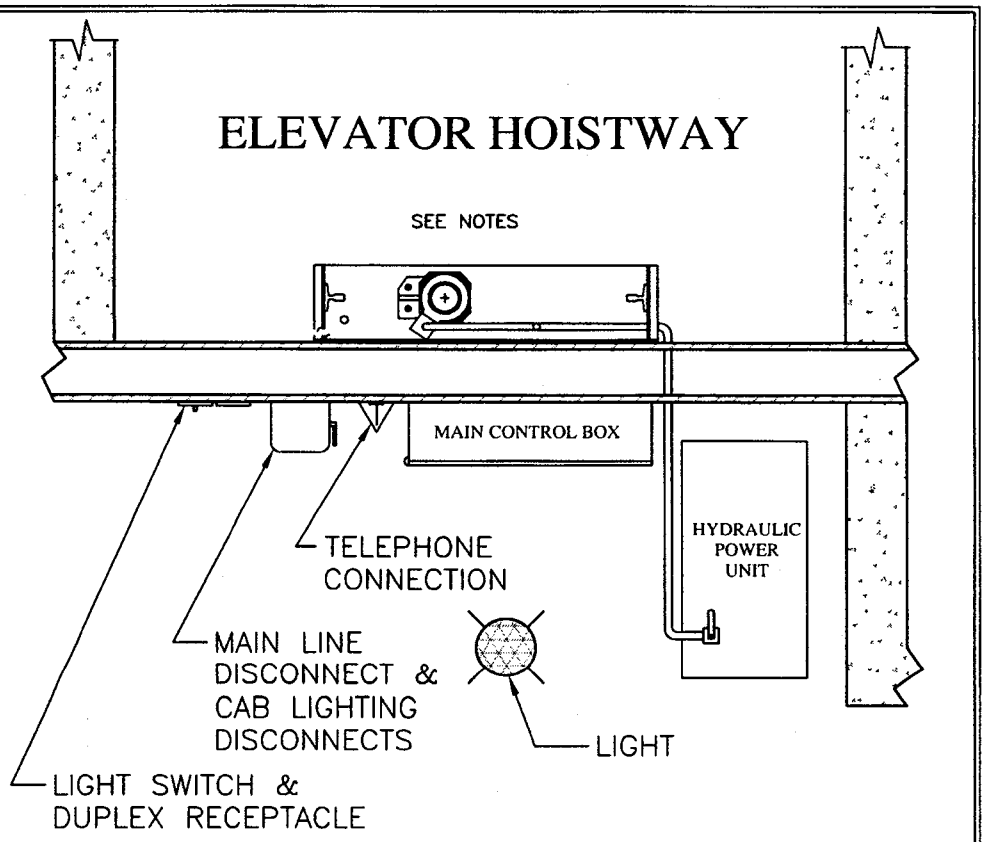
1) LOCAL, STATE, & NATIONAL CODES MUST ALWAYS BE FOLLOWED.

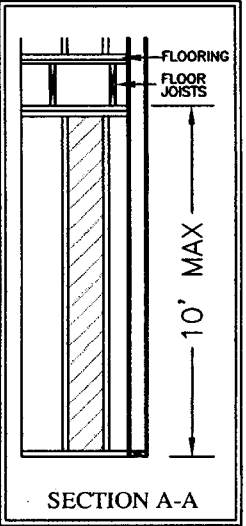
2) 3'-0" CLEARANCE IN FRONT OF THE CONTROL PANEL AND DISCONNECTS REQUIRED BY N.E.C.

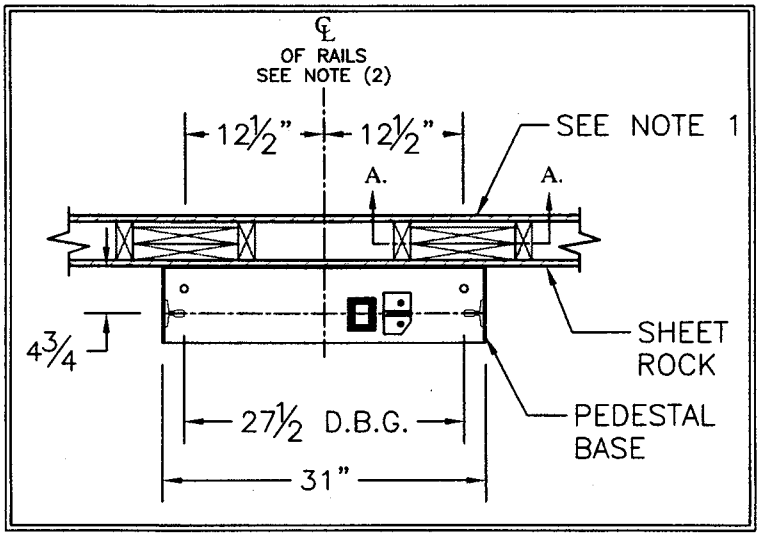
3) IF MACHINE ROOM IS PROVIDED, AND CLOSING OF MACHINE ROOM DOOR RESULTS IN CLEARANCES LESS THEN N.E.C. REQUIREMENTS, THEN A MEANS OF SECURING THE DOOR IN THE OPEN POSITION SHALL BE SUPPLIED

4) MAIN LINE DISCONNECT AND LIGHTING DISCONNECT TO BE FUSED AND CAPABLE OF BEING LOCKED IN THE OPEN POSITION.

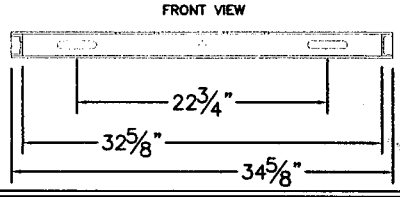
5) THE PUMP UNIT SHOULD NOT BE OVER 40' AWAY FROM THE CYLINDER.







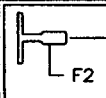
RAIL BRACKET



NOTES:

(1) TWO 2X10's LAMINATED , SUPPORTED AND FASTENED BETWEEN 2-2X4's RECESSED IN HOISTWAY WALL BEHIND THE SHEETROCK.

(2) RAIL CENTERLINE CAN BE LOCATED ON THE HOISTWAY OVERVIEW DRAWING.



RAIL REACTIONS (PER RAIL)

950#
F1 = 151
F2 = 303

GENERAL CONTRACTOR'S RESPONSIBILITY:

PROVIDE ADEQUATE WALL SUPPORTS FOR T-RAIL FASTENINGS. VERTICAL INTERVALS NOT TO EXCEED 10'0" (SECTION A-A). COMPLY TO ALL PERTINENT BUILDING CODES FOR HOISTWAY CONSTRUCTION AND FIRE RATING. HOISTWAY TO BE VERTICAL WITHIN 1/2" THROUGHOUT ENTIRE HEIGHT.

APPROVED BY: DATE: 2/9/15

A.H.E. MANUFACTURING INC.
127-B1 SOUTH BARNEGAT, NJ (800)-488-5905

ACCREDITED HOME ELEVATOR

MODEL:	DEALER:		
1:2 ROPED HYDRO	ACCREDITED HOME ELEVATOR		
SCALE:	DATE:	DRAWN BY:	DRAWING NUMBER:
NONE	2/6/15	BM	ACC22

JOB: 34 Kettle Creek Dr, Brick NJ

34 Kettle Creek Drive · 341
474

FLOOD ZONE

TOWNSHIP OF

PLAN REVIEW REQUIRED DATE

SPECIFICATIONS & DATA SUPPLIED BY ELEVATOR CONTRACTOR

MANUFACTURER	AHE	INSTALLER	AHE
CAR(S) NO.	#1 RES	PLATFORM THICKNESS	
TYPE (PASS.) (FRT.)	PASS	CAR BUFFER TYPE	RUBBER
CAPACITY	950 #	CAR BUFFER STROKE	
RATED SPEED	40 FPM	CAR BUFFER REACTIONS	
TRAVEL	120"	LOAD CAR BUFFERS	
STOPS	2	TYPE HOISTWAY ENTRANCES	
OPENINGS	2	TYPE CAR DOOR(S) OR GATE(S)	
OPERATION	AUTO	FIREMAN'S SERVICE AT	FLOOR
POWER SUPPLY	230 VAC	ALT. FIREMEN'S SERVICE AT	FLOOR
MACH. ROOM HEAT EMISSION IN BTUS		TRANSFORMER	
CAR GUIDE RAILS	LBS/FT	HOIST BEAM CAPACITY	
SPACING OF GUIDE RAIL SUPPORTS	60" MAX	SIZE & HEIGHT OF STILES	
NET RAIL FORCES	As per	CLASS LOADING (RULE 207 2b)	

HYDRAULIC ELEVATORS hoistway LH

PLUNGER OD	2.75	PLUNGER WALK THK	0.197
NUMBER OF PLUNGER SECTIONS	1	CYLINDER OD	4.00
CYLINDER WALL THK	0.142	REFUGE SPACE PIT	TOP OF HW
WORKING PRESSURE	636	RELIEF PRESSURE	795
TYPE OF POWER UNIT		PUMP MOTOR HP	3 AP
OIL PIPE OD	3/4 Sch 80	OIL PIPE WALL THK	
PLUNGER OVERTRAVEL UP	DOWN		

TRACTION ELEVATORS

MACHINE ROOM REACTIONS		SIZE & WEIGHT OF MACHINE BEAMS	
SIZE OF CROSSHEAD		HOIST ROPES	2 3/8 7x19
SIZE OF SAFETY PLANK		GOVERNOR ROPE(S)	
TYPE OF SAFETY (CAR)		COMPENSATION TYPE	No. SIZE
CAR GOVERNOR		CWT. BUFFER TYPE	
MACHINE TYPE		CWT. BUFFER STROKE	
MOTOR HP & TYPE		CWT. STILE SIZE	
DRIVE SHEAVE DIA.		TYPE OF CWT. GUIDES	
TYPE OF GROOVE		TYPE OF CWT. SAFETY	
DEFLECTOR/SECONDARY SHEAVE DIA.		CWT. GOVERNOR	
CONTROL (VVVF) (VVSCR) (VVMG)		CWT. GUIDE RAILS	LBS./FT.
ISOLATION		CWT. BUFFER REACTIONS	

ALL WORK TO COMPLY WITH ANSI A17.1 ELEVATOR SAFETY CODE AND/OR STATE OF NEW JERSEY HANDICAP CODE NJAC 5:23.7

Has Battery Lowering

TYPE A Safety

TOWNSHIP OF

PLAN REVIEW REQUIRED DATA

ESTIMATED WEIGHTS

TRACTION ELEVATORS

ENCL. DOORS PROT. DEVICE	
PLATFORM TOTAL	
MISCELLANEOUS	
CAR FRAME & SAFETY	
TOTAL CAR	
OVERBALANCE	
1/2 TIC WEIGHT	
TOTAL CWT	
LOAD ON CAR SAFETY	
LOAD ON SHEAVE SHAFT	
WEIGHT of MACHINE	

HYDRAULIC ELEVATORS

ENCL. DOORS PROT. DEVICE	
PLATFORM TOTAL	
MISCELLANEOUS	
CAR FRAME	
TOTAL CAR	
LOAD ON JACK ASSEMBLY	
WEIGHT of MACHINE	

ESCALATORS

RATED LOADS IN LB. (Rule 8029)	HORIZONTAL SPAN
HORIZONTAL PROTECTION OF TRUSS	STRUCTURAL RATED LOAD
LOCATION OF EMERGENCY STOP BUTTONS	MACHINERY RATED LOAD
ACCESS TO MACHINE ROOM PIT. INTERIOR	BRAKE RATED LOAD (Stopped)
INDICATE NUMBER OF FLAT STEPS	BRAKE RATED LOAD (Running)
TRUSS EXTENSION OR REDUCTION	LOAD OF ONE STEP CHAIN
STEP TREAD WIDTH IN INCHES	BREAKING LOAD OF STEP CHAIN
DIAMETER OF DRIVE WHEEL	DIAMETER OF STEP CHAIN WHEEL
LOAD OF ONE DRIVE CHAIN	BREAKING LOAD OF DRIVE CHAIN

GENERAL INFORMATION REQUIRED

* Locate escalator from structural or architectural drawings
* Furnish sealed structural drawing indicating escalator reactions
* Three sets of sealed escalator layout drawings