CS-445

BLOCK 670 LOT 9.03 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 01-4257

CONSTRUCTION PERMIT APPLICATION

Town Hall Office

Application Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Propsed Work Site at: 960 Cedar Bridge Ave.
2. Name of Owner in Fee: North St Penthouse Tel. (732) 866-1500
   Address 118 Rte 9 (street) Lakewood (municipality) NJ (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Otis Elev. Tel. 856 662-4914
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. (_____) _____ FAX (_____) _____

New Elev. Installation ✓

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices		476	
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal		16	
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	500 ✓	

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. Construction Classification	
7. Total Land Area Disturbed sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ft.	
10. Wetlands yes	
no	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only)							
		Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices	$2550 ✓								
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

III. DO YOU WANT: (optional)

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCS NEW JERSEY CONSTRUCTION PERMIT

Date Issued 11/30/2001
Control #
Permit # 01-4357

11/30/01 1:43PM 0000008409
XX04 SERV.004
ELEVATOR Elev $476.00
$26.00
TOTAL $502.00
CHECK $502.00
CHANGE $0.00

IDENTIFICATION Block 670 Lot 9.03 Qual

Work Site Location 960 CEDAR BRIDGE AVE
ELEVATOR INSTALLATION
Owner in Fee NINTH JOINT VENTURES LLC
Address 1195 ROUTE 70
LAKEWOOD, NJ 08701-
Telephone (732)866-1500

Contractor OTIS ELEVATOR COMPANY
Address 417 CALLOWHILL ST
PHILADELPHIA, PA 19123-
Telephone (215)574-5660
Lic. No. or Bldrs Reg. No.
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:
[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[X] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:
ELEVATOR INSTALLATION

PAYMENTS (Office Use Only)	
Building	0
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	476
Other	
DCA Training Fee	26
Cert. of Occupancy	0
Other	
Total	502
Check No.	1175835
Cash	
Collected By	TL

NOTE: If construction 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 $ 32,550

Construction Official

11/30/2001
Date

U.C.C. F170 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELEVATOR
SUBCODE
TECHNICAL SECTION

Date Received 08/01/2001
Date Issued 11/30/2001
Control #
Permit # 01-4357

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

Block 670 Lot 9.03 Qual
Work Site Location 960 CEDAR BRIDGE AVE
ELEVATOR INSTALLATION
Owner in Fee NINTH JOINT VENTURES LLC
Address 1195 ROUTE 70
LAKEWOOD, NJ 08701-
Tele.(215)574-5660 Fax ( )
Contractor OTIS ELEVATOR COMPANY
Address 417 CALLOWHILL ST
PHILADELPHIA, PA 19123-
Tele.(215)574-5660
Federal Emp. No. [redacted]

B. ELEVATOR CHARACTERISTICS

Building Use Group U Building Registration No.
Manufacturer OTIS ELEVATOR CO Device I.D.
Machine Room Location FIRST FLOOR
Number of Stops 2 Number of Openings 2
Travel (ft.) 12 Speed (f.p.m.) 100
Type of Control MICROPROSECC Type of Operation SIMPLEX
Passenger X Freight
Capacity (lbs.) 2500 lbs.
Year of Installation 2001 Year of Alteration
Estimated Cost of Elevator Work: $ 32,550

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.

Signature Date

D. TECHNICAL SITE DATA

NO.	ITEM	FEE (Office Use Only)
	Traction or Winding Drum	
0	1 to 10 Floors	0
0	Over 10 Floors	0
0	Hydraulic	0
0	Roped Hydraulic	0
0	Escalator / Moving Walk	0
0	Dumbwaiter	0
0	Stairway Chairlift, Inclined and Vertical Wheelchair Lifts and Man Lifts	0
0	Oil Buffers	0
0	Counterweight Governor & Safeties	0
0	Auxiliary Power Generator	0
0	Alterations	0
	Other: 1 HYDRAULIC	216
	Other: PLAN REVIEW	260

	Administrative Surcharge	$ 0
Paid [X] Check # 1175835	Minimum Fee	$ 0
Collected by: TL	TOTAL FEE	$ 476
	DCA Training Fee	$ 26

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Plumbing [ ] Fire
[ ] Elevator Plans Approved
Date:
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Temporary				
Final				

SUBCODE APPROVAL:
Date:
Approved By:

U.C.C. F150 (rev. 3/96)

ELEVATOR SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 1170 Lot 9.03
Work Site Location Town Hall Shops Office Building, 960 Cedar Bridge Avenue
Brick, NJ 08723
Owner in Fee Ninth Joint Ventures, LLC
Address 1195 Route 70, Suite 2000
Lakewood, NJ 08701
Tele. (732) 866-1500
Contractor/installer Otis Elevator Company
Address 1247 North Church Street, Suite 11
Moorestown, NJ 08057
Tele. (856) 642-4914 Fax (856) 642-4910
Federal Emp. No. [redacted]
MaintenancetService Contractor
Address
Tele. ( ) Fax ( )

B. ELEVATOR CHARACTERISTICS

Building Use Group Building Registration No.
Manufacturer Otis Elevator Company Device I. D. 438499
Machine Room Location First Floor
No. of Stops Two (2) No. of Openings Two (2)
Travel (ft.) 12' 6" Speed (f.p.m.) 100 F.P.M.
Type of Control Microprocessor Type of Operation Simplex
Passenger YES Freight NO
Capacity (lbs.) 2500 LBS.
Year of Installation 2001 Year of Alteration N/A
Estimated Cost of Elevator Work $ 32,550.00

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.

Sharon Patton Date 7-27-01
Signature

D. TECHNICAL SITE DATA

NO.	ITEM	FEE (Office Use Only)
	Traction or Winding Drum	
	1 to 1 0 Floors	$
	Over 1 0 Floors	
--1--	Hydraulic	216.00
	Roped'Hydraulic	
	Escalator/Moving Walk	
	Dumbwaiter	
	Stairway Chairlift, Inclined and Vertical Wheelchair Lifts and Man Lifts	
	Oil Buffers	
	Counterweight Governor and Safeties	
	Auxiliary Power Generator	
	Alterations	
1	Other Plan Review	260.00
	Other	
	Administrative Surcharge	$ 476
	DCA Training Fee	$ 26
	TOTALFEE	$ 502

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Electric
[X] Elevator Plans Approved
Date: 8-1-01
Approved by: R Eby

INSPECTIONS

Type:	Failure	Dates (Month/Day) Failure Approval	Initial
Temporary			
Final			

SUBCODE APPPROVAL
Date:
Approved by:

U.C.C. F150
(rev 3/96)

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

ELEVATOR SUBCODE
TECHNICAL SECTION

C8445

Date Received 11/30/01
Date Issued
Control #
Permit # 01-4357

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

Block 670 Lot 9.03
Work Site Location Town Hall Shops Office Building, 960 Cedar Bridge Avenue
Brick, NJ 08723
Owner in Fee Ninth Joint Ventures, LLC
Address 1195 Route 70, Suite 2000
Lakewood, NJ 08701
Tele. (732) 866-1500
Contractor/installer Otis Elevator Company
Address 1247 North Church Street, Suite 11
Moorestown, NJ 08057
Tele. (856) 642-4914 Fax (856) 642-4910
Federal Emp. No. [redacted]
MaintenancetService Contractor
Address
Tele. ( ) Fax ( )

B. ELEVATOR CHARACTERISTICS

Building Use Group Building Registration No.
Manufacturer Otis Elevator Company Device I. D. 438499
Machine Room Location First Floor
No. of Stops Two (2) No. of Openings Two (2)
Travel (ft.) 12' 6" Speed (f.p.m.) 100 F.P.M.
Type of Control Microprocessor Type of Operation Simplex
Passenger YES Freight NO
Capacity (lbs.) 2500 LBS.
Year of Installation 2001 Year of Alteration N/A
Estimated Cost of Elevator Work $ 32,550.00

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.

Signature Jason Patton Date 7-27-01

D. TECHNICAL SITE DATA

NO.	ITEM	FEE (Office Use Only)
	Traction or Winding Drum	
	1 to 1 0 Floors	$
	Over 1 0 Floors	
--1--	Hydraulic	216.00
	Roped'Hydraulic	
	Escalator/Moving Walk	
	Dumbwaiter	
	Stairway Chairlift, Inclined and Vertical Wheelchair Lifts and Man Lifts	
	Oil Buffers	
	Counterweight Governor and Safeties	
	Auxiliary Power Generator	
	Alterations	
1	Other Plan Review	260.00
	Other	

Administrative Surcharge	$	476
DCA Training Fee	$	26
TOTALFEE	$	502

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Electric
[X] Elevator Plans Approved
Date: 8-1-01
Approved by: R Ely

INSPECTIONS

Type:	Failure	Failure Approval	Dates (Month/Day)	Initial
Temporary 30 day			7/22/02	RMS
Final			7/24/02	RMS

SUBCODE APPPROVAL
Date: 7-26-02
Approved by: Raymond M Ely #5997

U.C.C. F150
(rev 3/96)

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELEVATOR
SUBCODE
TECHNICAL SECTION

Date Received 08/01/2001
Date Issued 11/30/2001
Control #
Permit # 01-4357

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

Block 670 Lot 9.03 Qual

Work Site Location 960 CEDAR BRIDGE AVE
ELEVATOR INSTALLATION

Owner in Fee NINTH JOINT VENTURES LLC

Address 1195 ROUTE 70
LAKEWOOD, NJ 08701-

Tele.(215)574-5660 Fax ( )

Contractor OTIS ELEVATOR COMPANY

Address 417 CALLOWHILL ST
PHILADELPHIA, PA 19123-

Tele.(215)574-5660

Federal Emp. No. [redacted]

B. ELEVATOR CHARACTERISTICS

Building Use Group U Building Registration No.

Manufacturer OTIS ELEVATOR CO Device I.D.

Machine Room Location FIRST FLOOR

Number of Stops 2 Number of Openings 2

Travel (ft.) 12 Speed (f.p.m.) 100

Type of Control MICROPROSECC Type of Operation SINPLEX

Passenger X Freight

Capacity (lbs.) 2500 lbs.

Year of Installation 2001 Year of Alteration

Estimated Cost of Elevator Work: $ 32,550

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Plumbing [ ] Fire
[ ] Elevator Plans Approved
Date:
Approved By:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Temporary				
Final				

SUBCODE APPROVAL:
Date:
Approved By:

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.

Signature Date

D. TECHNICAL SITE DATA

NO.	ITEM	FEE (Office Use Only)
	Traction or Winding Drum	
0	1 to 10 Floors	0
0	Over 10 Floors	0
0	Hydraulic	0
0	Roped Hydraulic	0
0	Escalator / Moving Walk	0
0	Dumbwaiter	0
0	Stairway Chairlift, Inclined and Vertical Wheelchair Lifts and Man Lifts	0
0	Oil Buffers	0
0	Counterweight Governor & Safeties	0
0	Auxiliary Power Generator	0
0	Alterations	0
	Other: 1 HYDRAULIC	216
	Other: PLAN REVIEW	260

	Administrative Surcharge	$ 0
Paid [X] Check # 1175835	Minimum Fee	$ 0
Collected by: TL	TOTAL FEE	$ 476
	DCA Training Fee	$ 26

U.C.C. F150 (rev. 3/96)

State of New Jersey

DEPARTMENT OF COMMUNITY AFFAIRS

CHRISTINE TODD WHITMAN
GOVERNOR

DIVISION OF CODES AND STANDARDS
BUREAU OF CODE SERVICES

HARRIET DERMAN
COMMISSIONER

LOCATION:
3131 PRINCETON PIKE BLDG 3
LAWRENCEVILLE NEW JERSEY

MAILING ADDRESS:
CN 816
TRENTON, N. J. 08625-0816
FAX # (609) 530-6834

Elevator Safety Program
REGISTRATION

Dear Sir/Madam:

The Bureau has commenced the registration of all elevators in the State of New Jersey.

Regulations (N.J.A.C. 5:23) were adopted on July 1, 1991 pursuant to the authority of the Uniform Construction Code Act (N.J.S.A. 52:27d-119 et seq.) which requires the registration, periodic inspection and maintenance of elevator devices.

Pursuant to N.J.A.C. 5:23-12.1, an elevator device is defined as a "boisting and lowering device equipped with a car or platform which moves in guides for the transportation of individuals or freight in a substantially vertical direction through successive floors or levels of a building or structure; or, a power driven inclined, continuous stairway used for raising or lowering passengers; or, a type of passenger carrying device on which passengers stand or walk, and in which the passenger carrying surface remains parallel to its direction of motion and is uninterrupted. This includes without limitation, elevators, escalators, moving walks, dumbwaiters, wheelchair lifts, manlifts, stairway chairlifts and any device within the scope of ASME A17.1 (Safety Code for Elevators and Escalators) or ASME A90.1 (Safety Standard for Belt Manlifts).

In accordance with N.J.A.C. 5:23-12.3, as owner of a building containing one or more elevator devices, you are required to complete this registration form. (Pursuant to N.J.A.C. 5:23-2, elevator devices in buildings classified as Use Group R-3 and R-4 shall be exempt from registration.)

The records of the Bureau indicate that the building listed on the upper right corner of this registration form is owned by you and subject to these registration requirements. If this information is erroneous in any way, please inform the Bureau immediately. However, if our records are correct, you are required to complete the enclosed Application for Registration within 30 days following receipt of this notice.

Pursuant to N.J.A.C. 5:23-12.5, you are also required to pay a registration fee of $54 per device.

(OVER)

Please be advised that failure to comply with the terms of this notice may subject you to a penalty of up to $500 in accordance with N.J.A.C. 5:23-2.31.

If you have any questions or require further information, please contact Mr. Paul Sachdeva, Manager of the Elevator Safety Unit at 609-530-8833.

Very truly yours,

Richard Z. Osworth
Chief
BUREAU OF CODE SERVICES

RZO/n/2420I
Enclosure
c. Paul Sachdeva

ELEVATOR SAFETY REGISTRATION INSTRUCTIONS:

Complete the enclosed application and return within 30 days to:

Department of Community Affairs
Division of Codes and Standards
Bureau of Code Services
Elevator Safety Unit
CN 816
Trenton, NJ 08625-0816

You are required to pay a registration fee of $54 per device. You may enclose payment with your application. Make check or money order payable to *Treasurer, State of NJ*. DO NOT MAIL CASH. Please record on the front of the application form the *payment amount enclosed*. If payment is not enclosed you will be billed later.

Section I: Building Information - If the building name and address printed on the upper right corner of this application form are incorrect please correct in the spaces provided. *If the building referenced on this form is one of a project, a separate form must be filed for each building within the project.* The space entitled *building name* should be used to provide a reference. Even if the building has no official name, it may be commonly referred to in some fashion; please indicate either here. If the building is one in a project where individual buildings are identified by either letters or numbers, use this space to indicate that letter or number, i.e. Bldg. 1, Bldg. D. In the space entitled *Building Street Number and Street Name* please do not fill in PO Box or RD numbers but rather the actual location of the building. In addition, please fill in the municipality and county to which taxes are paid, the lot and block number and the use group classification of the structure for which this form is being submitted. A listing of all use group classifications is provided below for your convenience.

USE GROUP CLASSIFICATIONS:

A-1	Assembly- Theater with stage
A-2	Assembly- Theater without stage, Night Club, Dance Hall
A-3	Assembly- Museum, Library, Restaurant, Lecture Hall
A-4	Assembly- Religious, Church
A-5	Assembly- Outdoor, Grandstand, Tent Stadium, Coliseum
B	Business use
E	Educational/Day Care
F-1	Factory & Industrial- Moderate Hazard
F-2	Factory & Industrial- Low Hazard
H-1	High Hazard- Detonation
H-2	High Hazard- Deflagration
H-3	High Hazard- Combustion, Physical
H-4	High Hazard- Health
I-1	Institutional (Residential Care)- Supervised residential home for 6+
I-2	Institutional (Incapacitated)- Medical, Nursing Care
I-3	Institutional (Restrained)- Jail, Asylum, Reformatory
M	Mercantile building
R-1	Residential (less than 30 days)- Hotels, Motels, Boarding Houses
R-2	Residential (more than 29 days)- Multi Family Dwellings, Dormitories
R-3	Residential- 1 & 2 family units, 5 lodgers or less ea.
R-4	Residential- Detached 1 & 2 family units, up to 3 stories
S-1	Storage- Moderate Hazard
S-2	Storage- Low Hazard
U	Utility- Accessory buildings & miscellaneous structures

Section II: Owner Information - If the owner name, as defined in Section 4 of Subchapter 1 of the Uniform Construction Code, and owner address printed on the upper left corner of this application form are incorrect, please correct in the spaces provided. If the owner is a corporation, state the corporate name in the space provided for *Owner Name (1):* and the name of the person or department to which future correspondence should be directed in the space provided for *Owner Name (2):*. In addition, please complete the owner telephone number and indicate ownership type. If the ownership type is *Government*, please fill in the type of government (i.e. Local, County, State or Federal,) in the space provided.

Section III: Contact Information - Please enter the name, address and telephone number of the person or firm responsible for the maintenance of the building. Such person or firm should have access to the building for future scheduling of periodic inspections.

Section IV: Device Information - Please complete a separate Section IV for each type of device in the building. At least one elevator or other device must be specified. Be sure to fill in the *Manufacturer*. If the device type is an elevator, be sure to fill in the number of stories to which the elevator travels in the space entitled *Height in Stories*. If additional Section IVs are needed, please photocopy this portion of the form and attach. In accordance with section 1 of subchapter 12, all elevator devices within the structure for which this form is being submitted, must be registered. If the structure contains several devices that are identical, enter the total number of like devices within the structure in the space entitled *Number of Identical Devices in Building*. You do not have to fill out a separate Section IV for each like device.

If you should have any questions or need assistance in completing this application, please contact the Elevator Safety Unit at (609) 530-8853.

NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF CODES AND STANDARDS
BUREAU OF CODE SERVICES
ELEVATOR SAFETY UNIT

APPLICATION FOR REGISTRATION

DATE ISSUED:

OWNER NAME AND ADDRESS:

BUILDING NAME AND ADDRESS:

APPLICATION #:

PRINT or TYPE all information. Application is due 30 days after receipt.
Please see attached for instructions and payment information.

SECTION I. BUILDING INFORMATION

PAYMENT AMOUNT ENCLOSED: $_____

Building Name:

Building Street Number: Building Street Name:

Building City:

FOR OFFICE USE ONLY
COMU CODE:

Municipality: (To which taxes are paid.) County:

Lot #: Block: Use Group: (See instructions)

SECTION II: OWNER INFORMATION

Owner Name (1):

Owner Name (2):

Owner Street Address:

Owner City: State: Zip Code:

Owner Phone Number: ___-___-____

Ownership Type: (Please check.)
☐ Corporate ☐ Individual/Sole Proprietorship ☐ Partnership
☐ Government—Type _____ ☐ Other—explain _____

SECTION III: CONTACT INFORMATION

Contact Name: (Last, First, M.I.):

Contact Street Address:

Contact City: State: Zip Code:

SECTION IV: DEVICE INFORMATION

(At least one Elevator or Other Device *must* be specified.)

ELEVATORS: *(Please check.)*

Type:
- ☐ Traction Elevator
- ☐ Hydraulic Elevator
- ☐ Winding Drum
- ☐ Roped Hydraulic Elevator

Is the elevator equipped with: *(Please check.)*
- ☐ Oil Buffers—If so, how many? ☐
- ☐ *Counterweight* Governor, Safeties
- ☐ Auxiliary Generator

FOR OFFICE USE ONLY
DEVICE TYPE:

OTHER DEVICES: *(Please check.)*
- ☐ Escalator
- ☐ Moving Walk
- ☐ Dumbwaiter
- ☐ Platform Lift
- ☐ *Chair Lift*
- ☐ Man Lift

Manufacturer:

Model:

Height in Feet:

Height in Stories:

Speed (Feet per Minute):

Load (In Pounds):

Capacity (In People):

Date Installed: ☐☐-☐☐-☐☐

Date Last Inspected: ☐☐-☐☐-☐☐

Number of Identical Devices in Building:

SECTION IV: DEVICE INFORMATION

(At least one Elevator or Other Device *must* be specified.)

ELEVATORS: *(Please check.)*

Type:
- ☐ Traction Elevator
- ☐ Hydraulic Elevator
- ☐ Winding Drum
- ☐ Roped Hydraulic Elevator

Is the elevator equipped with: *(Please check.)*
- ☐ Oil Buffers—If so, how many? ☐
- ☐ Counterweight Governor, Safeties
- ☐ Auxiliary Generator

FOR OFFICE USE ONLY
DEVICE TYPE:

OTHER DEVICES: *(Please check.)*
- ☐ Escalator
- ☐ Moving Walk
- ☐ Dumbwaiter
- ☐ Platform Lift
- ☐ Chair Lift
- ☐ Man Lift

Manufacturer:

Model:

Height in Feet:

Height in Stories:

Speed (Feet per Minute):

Load (In Pounds):

Capacity (In People):

Date Installed:

Number of Identical Devices in Building:

B-670
L.- 9.03

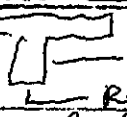
TOWN Hall Shop
960 Cedar Bridge Ave

PLAN REVIEW REQUIRED DATA

SPECIFICATIONS & DATA SUPPLIED BY ELEVATOR CONTRACTOR

MANUFACTURER	OTIS	INSTALLER	OTIS
CAR(S) NO.	1	PLATFORM THICKNESS	
TYPE (Pass), (Frt.)	PASS	CAR BUFFER TYPE	SPRING
CAPACITY	2500	CAR BUFFER STROKE	1.75
RATED SPEED	100 FPM	CAR BUFFER REACTIONS	
TRAVEL	12' 6"	LOAD ON CAR BUFFERS	2377
STOPS	2	TYPE HOISTWAY ENTRANCES	
OPENINGS	2	TYPE CAR DOOR(S) OR GATE(S)	Single Slide
OPERATION	Simplex	FIREMAN'S SERVICE AT	1 FLOOR
POWER SUPPLY 208 3 60		ALT. FIREMEN'S SERVICE AT	2 FLOOR
MACH. ROOM HEAT EMISSION IN BTU'S		TRANSFORMER	N/A
CAR GUIDE RAILS 1 1/2	12 LBS./FT	HOIST BEAM CAPACITY	5000
SPACING OF GUIDE RAIL SUPPORTS	MAX 14'0"	SIZE & HEIGHT OF STILES	11' 6" 13/16 TOP OF CH
NET RAIL FORCES		CLASS OF LOADING (Rule 207.2b)	

R1 = 212
R2 = 80



HYDRAULIC ELEVATORS

PLUNGER OD	2.840	PLUNGER WALL THK	0.483
NUMBER OF PLUNGER SECTIONS		CYLINDER OD	4.500
CYLINDER WALL THK	.237	REFUGE SPACE PIT	TOP of H/W
WORKING PRESSURE	425 PSI	RELIEF PRESSURE	
TYPE OF POWER UNIT		PUMP MOTOR HP	20
OIL PIPE OD	2" 2.375	OIL PIPE WALL THK	0.154
PLUNGER OVERTRAVEL UP	DOWN		

4-4

TRACTION ELEVATORS

MACHINE ROOM REACTIONS		SIZE & WEIGHT OF MACHINE BEAMS	
SIZE OF CROSSHEAD		HOIST ROPES	
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