

the
Village of New Lenox
"Home Of Proud Americans"

ELEVATOR PERMITS



VILLAGE OF NEW LENOX • COMMUNITY DEVELOPMENT DEPARTMENT
1 VETERANS PARKWAY • NEW LENOX • IL • 60451
PHONE: (815) 462-6490 • FAX: (815) 462-6469

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ELEVATOR INFORMATION

This information is provided for submittals for new construction and modernization work of elevators 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 plans - 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.]

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Elevator Permit

PERMIT #: _____

SITE INFORMATION:

NAME OF BUILDING: _____

PROPERTY ADDRESS: _____

SUBDIVISION: _____

LOT #: _____ SECTION: _____ BLOCK #: _____

PROPERTY INDEX NUMBER (P.I.N.): _____

APPLICANT INFORMATION:

NAME: _____

BUSINESS NAME (if applicable): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____ FAX #: _____

EMAIL ADDRESS: _____

BUILDING OWNER INFORMATION:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____ FAX #: _____

EMAIL ADDRESS: _____

CONTRACTOR LIST (NAME AND REGISTRATION #):

ELEVATOR INSTALLER: _____

STATE LICENSE NUMBER: _____ NEW LENOX REGISTRATION #: _____

ELECTRICAL CONTRACTOR: _____

NEW LENOX REGISTRATION #: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

VILLAGE USE ONLY

___ 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): _____
CARE 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.

PROJECT NAME: _____

APPLICANT INFORMATION:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____ FAX #: _____

EMAIL ADDRESS: _____

FOLLOW-UP REVIEWS

REVIEW TYPE:

_____ FIRE ALARM

_____ SPRINKLER

_____ ELEVATOR

FORWARD COMMENTS/APPROVAL TO:

BUSINESS NAME: _____

CONTACT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____ FAX #: _____

EMAIL ADDRESS: _____

SIGNATURE OF APPLICANT: _____ DATE: _____