

# **Elevator Permit Guide**



**NEW LENOX**  
COMMUNITY DEVELOPMENT

**Village Of New Lenox · Community Development Department**  
**1 Veterans Parkway · New Lenox · IL · 60451**  
**Phone: (815) 462-6490 · Fax: (815) 462-6469**  
**[www.newlenox.net](http://www.newlenox.net)**

## **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.]



## 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 #: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Building Owner Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ 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): \_\_\_\_\_  
Estimated Value of Construction: \_\_\_\_\_

### 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 #: \_\_\_\_\_ 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 #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_