DIRECTIONS FOR COMPLETION OF ELEVATOR REGISTRATION FORM

Property's Assessed Address as it appears on the Property Owner's Tax bill (not the Tax Map I.D. Number).

Building's Address where elevator exists as it appears on the building itself when different from the Tax Billing Address, ie: The Assessed Address is 100-190 Anywhere Avenue, but the building address is 201 Somewhere Street. This is especially so where there is more than one (1) building on the property.

WARNING – THERE SHALL BE SEPARATE REGISTRATION FORMS FOR <u>EACH BUILDING</u>.

Building (Tenant) Name shall be the name of each separate building of Property Tax Address, or Name of individual tenant controlling solely the use of the elevator(s).

Primary Use of Building: Stores (retail), Office Building, School, Hospital, Apartments, Private Residence, Warehouse, etc.

Date Building Completed: Year in which original Certificate of Occupancy was issued.

A. Unit Number identification as used by building. If only one (1) unit exists, you may leave this space blank.

B. Unit Type:

Passenger – PS	Freight, Class "A" Loading – FA
Residential Passenger – RP	Freight, Class "B" Loading – FB
Sidewalk – SW	Freight, Class "C1" Loading – F1
Dumbwaiter – DW	Freight, Class "C2" Loading – F2
Wheelchair Lift – WC	Freight, Class "C3" Loading – F3
Stairway Chair Lift – SC	Carlift w/ Transfer Device – C1
Escalator – EC	Material Lift – ML
Moving Sidewalk – MW	

C. City will assign number; Please Leave Blank

D. Date Installed, ie: Year/Month/Day unit first placed into operation

E. Original Manufacturer or Installer of Unit

F. Speed in feet per minute. If unit is hand powered, use "HP"; if two (2) speed escalator or moving Sidewalk, Indicate Speed as ie: 90/120

G: Capacity in Pounds (Rated Load). If escalator or moving walk, indicate nominal width in inches, ie: 24,32,40,48 as measured 27" above step.

H. Number of Stops. Indicate number of landings of different elevations unit stops at. If escalator, indicate 2; If moving walk, indicate 1.

I. Number of Openings. Indicate number of floor openings. Note: this does not necessarily equal the number of stops unit makes. For escalators, indicate floors served, being 2. Moving walk Zero (0) and Wheelchair and Stairway lifts, two (2).

J. Total Distance Traveled. Indicate to the nearest foot from the lowest stop to uppermost stop. Escalator travel shall be measured by vertical height, and moving walk measured by total horizontal length.

K. Machine Type. Use following codes:

Roped Traction:	Hydraulic:	Escalator:	Other
Gearless – TL	Waterdraulic – HW	Gearless – EL	Rack + Pinion - RP
Geared – TR	Oil 1 Piston – HH	Geared – ER	
Drum – TD	Oil 2 + piston – HX	Screw – SD	
Belt Driven – TB	Roped Hydraulic – HR	Other – XX	
Chain Driven – TC			

L. Machine Location.
   Directly Over Hoistway – AB
   Directly Adjacent to Hoistway – J (floor)
   Remote from Hoistway – R (floor)
   Escalator / Upperhead – EP
   Escalator / Other - EO
   Wheelchair, Stairway Chairlift, and Moving Sidewalk – XX

M. Type of Operation:

Handpowered – PH	Call & Sent - CD
Hand Rope – RH	Automatic Pushbutton – PB
Collective – PB	Constant Pressure Button – CP
Duplex Collective – DX	Car Switch (any type) – CS
Three or more car group – GP	

   Escalator/Moving Walks   One Speed – OS
                            Two Speed – TS

N. Doors: Powered – PD / Manual – MD / Escalators, Moving Walks, Wheelchair or Stairway Chairlift – leave blank.

Note: If work to be done involves the replacement of main machine, it shall be listed as a new elevator.

CITY OF SYRACUSE
DEPARTMENT OF NEIGHBORHOOD AND BUSINESS DEVELOPMENT
DIVISION OF CODE ENFORCEMENT

ELEVATOR REGISTRATION FORM

Page _____ of _____

Property's
Assessed Address: _____

Building's Address: _____

Owner of Record: _____

Owner's Address: _____

_____

Telephone: (_____)_____

Agent's Name: _____

Agent's Address: _____

_____

Telephone: (_____)_____

Building (Tenant) Name: _____

Primary Use of Building: _____

Date Building Completed: _____

Enter Current Elevator Data, one elevator per column.

(a)=Unit No. (b)=Unit type	a)	b)	a)	b)	a)	b)	a)	b)	a)	b)	a)	b)
(c) City's Assigned #												
(d) Date Installed												
(e) Original Installer												
(f) Speed												
(g) Capacity												
(h) No. of Stops												
(i) No. of Floor Openings												
(j) Total Travel Distance												
(k) Machine Type												
(l) Machine Location												
(m) Type of Operation												
(n) Door Operation												

Signed _____   Title _____

Print Name _____   Company _____

Date _____

CITY OF SYRACUSE
DEPARTMENT OF NEIGHBORHOOD AND BUSINESS DEVELOPMENT
DIVISION OF CODE ENFORCEMENT

ELEVATOR REGISTRATION FORM

Page _____ of _____

Assessed Address: _____

Building's Address: _____

Owner of Record: _____

Owner's Address: _____

_____

Telephone: (_____)_____

Agent's Name: _____

Agent's Address: _____

_____

Telephone: (_____)_____

Building (Tenant) Name: _____

Primary Use of Building: _____

Date Building Completed: _____

Enter Current Elevator Data, one elevator per column.

(a)=Unit No. (b)=Unit type	a)	b)	a)	b)	a)	b)	a)	b)	a)	b)	a)	b)
(c) City's Assigned #												
(d) Date Installed												
(e) Original Installer												
(f) Speed												
(g) Capacity												
(h) No. of Stops												
(i) No. of Floor Openings												
(j) Total Travel Distance												
(k) Machine Type												
(l) Machine Location												
(m) Type of Operation												
(n) Door Operation												

At the time of the filing of this registration form, were the elevator(s) controls replaced and/up upgraded resulting in a change of operation? _____ .   If yes, identify which elevator, name of contractor, and when performed.

_____

_____

_____

At any time of the filing of this registration form, were the speed, capacity, stops, openings and/or traveled distance changed from the original installation? _____. If yes, identify elevator, work performed, name of contractor, and when performed.

_____

_____

_____

Signed _____   Title _____

Print Name _____   Company _____

Date _____