

Date Received

ELEVATOR PLAN TRANSMITTAL FORM

Office Use Only

STATE OF MAINE
 OFFICE OF LICENSING AND REGISTRATION
ELEVATOR & TRAMWAY SAFETY BOARD
 #35 STATE HOUSE STATION
 AUGUSTA, MAINE 04333
 TEL# (207) 624-8672 FAX # (207) 624-8636
 HEARING IMPAIRED # (207) 624-8563

Check # _____

Amount _____

Cash #: _____
4530 - 1907

Certificate # _____

CHECK ALL THAT APPLY:**Type of Building:**
 New Existing
 Addition
Type of Elevator:
 Passenger
 Freight
Modification: Yes No
 If Yes, Existing Registration
 Number _____
**EXEMPT FROM 32 MRSA §15228
ACCOMMODATION OF
AMBULANCE STRETCHER****Type of Unit:**
 Dumbwaiter/Material Lift
 Incline Lift Escalator
 Vertical Lift
 Manlift
**Will the Elevator Accommodate an Ambulance Stretcher Pursuant
to 32 M.R.S.A. §15228?** Yes No
 If no, you must request a Variance prior to requesting Plan Approval by
 submitting a Variance Form.

PLAN APPROVAL: The cost for plan review is \$5.00 per \$1,000 of valuation of the installation per unit. The minimum
 fee is \$35.00 and the maximum fee is \$100.00. **Make Check Payable to: Treasurer State of Maine**

THIS FORM MUST BE SUBMITTED WITH 2 SETS OF PLANS/SPECS FOR REVIEW.**COMPANY INSTALLING EQUIPMENT**

Name:		Registration Number: ECP # _____
Mailing Address:		
City:	State:	Zip Code:
Contact Person:	Telephone: (____) _____ - _____	

OWNER INFORMATION

Name:		
Mailing Address:		
City:	State:	Zip Code:
Contact Person:	Telephone: (____) _____ - _____	

UNIT INFORMATION

Name of Building/Physical Location:		
City:	State:	Zip Code:
Location of Unit In Building (ie: lobby, gym, wing, etc.):		

 Has a variance been granted for this installation? Yes No