



## STATE OF WISCONSIN

Department of Safety and Professional Services

Governor Scott Walker      Secretary Dave Ross

SPS Fiscal Plans  
PO Box 8602  
Madison WI  
53708-8602

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Customers of the Division of Industry Services (formerly Safety & Buildings),

For the safety and security of our customers and to improve efficiencies in our offices, we have made a change in our plan submittal process related to fee payments made by check. The process has not changed if you pay by invoice.

**Effective April 1, 2012, the process for submitting plans and payments to Industry Services for Plan Review services is as follows:**

- 1. Plans will be submitted to one of the state offices providing this service as usual.**
- 2. Mail your check and the completed payment voucher (the last page of the application form) to:**  
**DSPS Fiscal Plans**  
**PO Box 8602**  
**Madison WI 53708-8602**
- 3. Send a copy of the completed payment voucher (the last page of the application form) along with your plan submittal documents to the office that you select.**

**For plans that may be in the mail at this time with check payment attached, we will process as usual. We ask that you incorporate the new process with your next submittal.**

**We appreciate your business and thank you for your assistance in implementation of the new process.**

**If you have any questions about this new process, please contact the plan entry staff in any Industry Services office.**



# APPLICATION FOR REVIEW ELEVATORS, ESCALATORS AND RELATED CONVEYANCES

**Division of Industry Services**  
141 NW Barstow St  
Waukesha, WI 53188-3789  
Phone: (262) 548-8600  
Fax: (262) 548-8614

-Complete both sides-

Please type or print clearly. Information on this form is important for providing you with timely and efficient review of your project. Complete submittals prevent delays in processing and reviewing your project. Except for Emergency Repairs, no work may commence until approved. See SPS 318.1009(1) and SPS 302.15.

**Scheduling Review:** Your plan will be reviewed in the order it was received or you may schedule the review. To schedule, fax completed form to (877) 840-9172 or e-mail to DSPSSbPlanSchedule@Wi.gov. You will receive a confirmation letter with an appointment date. Plans must be received in this office no later than 2 working days before the confirmed appointment.

<p><b>1. Use (check one)</b></p> <p><b>Commercial Bldg./ Shared Elevator</b></p> <p><input type="checkbox"/> Passenger Elevator</p> <p><input type="checkbox"/> Freight Elev. (circle class) A B C1 C2 C3</p> <p><input type="checkbox"/> Inclined Elevator</p> <p><input type="checkbox"/> Limited Use (LULA) Elev.</p> <p><input type="checkbox"/> Power Sidewalk Elevator</p> <p><input type="checkbox"/> Special Purpose Pers. Elev</p> <p><input type="checkbox"/> Part V Elev. (remod only)</p> <p><input type="checkbox"/> Stage Elevator</p> <p><b>Dumbwaiter / Material Lift</b></p> <p><input type="checkbox"/> Dumbwaiter</p> <p><input type="checkbox"/> Type B Material Lift</p> <p><b>Moving Stair / Walk Lift</b></p> <p><input type="checkbox"/> Escalator</p> <p><input type="checkbox"/> Moving Walk</p> <p><b>Lift</b></p> <p><input type="checkbox"/> Vertical Platform Lift</p> <p><input type="checkbox"/> Inclined Platform Lift</p> <p><input type="checkbox"/> Stairway Chair Lift</p> <p><b>Date of Contract</b> (between elevator contr. and owner)</p>	<p><b>Residential Dwelling Elevator</b></p> <p><input type="checkbox"/> Residential Elevator</p> <p><input type="checkbox"/> Residential Inclined El.</p> <p><input type="checkbox"/> Passenger Elevator</p> <p><input type="checkbox"/> Freight Elev. (circle) A B C1 C2 C3</p> <p><input type="checkbox"/> Inclined Elevator</p> <p><input type="checkbox"/> Limited Use (LULA) El.</p> <p><b>Dumbwaiter</b></p> <p><input type="checkbox"/> Dumbwaiter</p> <p>Note: Plan review and inspection of elevators and dumbwaiters in private residences is required for contract dates on or after January 1, 2009. This is based on the date of contract between elevator installer and home owner, builder or developer.</p>	<p><b>2. Type of Submittal:</b></p> <p><input type="checkbox"/> New Installation</p> <p><input type="checkbox"/> Complete replacement of existing elevator, lift, escalator, etc</p> <p><input type="checkbox"/> Alteration or Repair</p> <p><input type="checkbox"/> Emergency Repair</p> <p>State Tag or Regulated Object No. of existing unit: (See box 7, page 2)</p>	<p>Building Plan Rev. Trans ID:</p> <p>Previous Related Petition for Variance Transaction ID Number (where applicable).</p> <p style="text-align: center;"><b>For office use only</b></p> <p>Transaction ID:</p> <p>Assigned Review Date:</p> <p>Assigned Reviewer:</p> <p>Assigned Office:</p>
<p><b>3. Project Site Information</b></p> <p>Project Name:</p> <p>Project Address:</p> <p><input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of:</p> <p>County:</p>		<p><b>Elevator Number, tenant name and / or building designation</b></p>	
<p><b>4. After plans are reviewed, please: (check all that apply)</b></p> <p><input type="checkbox"/> Requesting party will pick up.</p> <p><input type="checkbox"/> Mail plans to customer 1, 2, 3, 4 (circle number).*</p> <p>*refers to customer number from below</p>			

**5. Complete the following installer and owner information.**

<b>Elevator Installer / Contractor Information (Customer 1)</b>			<b>Requesting Party if different than Installer (Customer 3)</b>		
First Name	Last Name	Customer Number	First Name	Last Name	Customer Number
Company Name			Company Name		
License Number (Application will not be accepted after January 1, 2009 without valid Contractor license number)			Address		
Address			City	State	Zip code
City	State	Zip code	Phone	Fax	E-mail address
Phone	Fax	E-mail address			
<b>Owner Information (Customer 2)</b>			<b>Other (Customer 4)</b>		
First Name	Last Name	Customer Number	First Name	Last Name	Customer Number
Company Name			Company Name		
Address			Address		
City	State	Zip code	City	State	Zip code
Phone	Fax	E-mail address	Phone	Fax	E-mail address
Check if applicable <input type="checkbox"/> Payer			Check if applicable <input type="checkbox"/> Payer <input type="checkbox"/> Manufacturer <input type="checkbox"/> Other		

Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04(1)(m)]

<p><b>Make check payable to Div. of Industry Services. Mail check and Payment Voucher to:</b></p> <p>DSPS Fiscal Plans, PO Box 8602, Madison, WI. 53708-8602</p>	<p><input type="checkbox"/> Or check box to invoice Installer/ Contractor</p>	<p><b>Total Amt: \$</b> _____</p>
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**6. General Equipment Information (Complete ALL applicable information)**

Number of Landings:  Number of car or platform openings:  <b>Note:</b> Car or platform openings (doors/gates) are counted from inside the elevator, dumbwaiter or lift. Number of car or platform openings does not usually equal the number of landings and is rarely more than 2.	Type of Drive Unit: <input type="checkbox"/> Rack and pinion <input type="checkbox"/> Cable Ball & Socket <input type="checkbox"/> Chain (electric) <input type="checkbox"/> Chained hydraulic <input type="checkbox"/> Direct hydraulic <input type="checkbox"/> Direct hydr - mach. room less <input type="checkbox"/> Hand <input type="checkbox"/> Roped hydraulic <input type="checkbox"/> Screw <input type="checkbox"/> Traction – penthouse <input type="checkbox"/> Traction – basement <input type="checkbox"/> Traction – machine room less <input type="checkbox"/> Winding drum	Rated Load (lbs):  Suspension Means: <input type="checkbox"/> Elevator Wire Rope <input type="checkbox"/> Aircraft Cable <input type="checkbox"/> Kevlar Rope <input type="checkbox"/> Non-Circular Coated Steel <input type="checkbox"/> Chain Number of Susp. Means: Size of Susp. Means:
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**7. Replacement, Alteration or Emergency Repair** Complete all information in Box 6 above and any items in Box 8 that are changing as part of this project. Describe the scope of the project in this space. If more space is needed, attach a project specification or project description.

**8. Specific Equipment Information (Complete ALL applicable information)**

Hoistway / Runway and Car / Platform	Speed Up fpm	Speed Down fpm	Overhead Clear. ft. in.	Pit Depth ft. in.	Total Travel ft. in.	Car Inside Dimension x	Car Wt. lb	Total Wt. lb	Operation
	Top Runby in.	Bottom Runby in.	Buffer Stroke in.	Buffer Type <input type="checkbox"/> Spring <input type="checkbox"/> Oil <input type="checkbox"/> Bumper	Guide Rail Type <input type="checkbox"/> Tee <input type="checkbox"/> Formed <input type="checkbox"/> other	Guide Rail Sizes Car Cwt			
Machine	Machine Type	Mach. Location	Primary Brake Type	Emerg. Brake Type	Sheave Size In.	Rope Const.	Hydraulic Control Valve Manuf. Model no.		
Electrical	H. P. 0	Volts – main	Phase	On Emerg / Stand-by Power <input type="checkbox"/> Yes <input type="checkbox"/> No	Batt. Emerg. Lowering Only <input type="checkbox"/> Yes <input type="checkbox"/> No	Batt. powered - Up / Down <input type="checkbox"/> Yes <input type="checkbox"/> No	Volts - Battery (if battery powered)		
Safety / Governor/ 2.19 device	Safety Type <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> other	Approved Cap. (lbs.)	Safety Manufacturer	Governor Type <input type="checkbox"/> Non Fly-ball <input type="checkbox"/> Fly-ball <input type="checkbox"/> Friction <input type="checkbox"/> other	Gov. Manufacturer	Gov. Model No.	Slack Rope/ Chain Switch <input type="checkbox"/> Yes <input type="checkbox"/> no	2.19 device Manufacturer Model No.	
	Fire Serv. / Fire Safety		Fire Fighter's Service <input type="checkbox"/> None <input type="checkbox"/> Phase I <input type="checkbox"/> Phases I & II	Location of Any Remote Fire Recall Key Switches	Designated Evac. Level	Alternate Evac. Level	Sprinklers in:	Machine Room Top of Hoistway /Runway Pit	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

**9. Fees - Circle appropriate total fee and indicate total fee at bottom of front page**

Note: Inspections of new installations, complete replacements and alterations, repairs, and remodels of existing units are inspected by state or municipal inspectors at this time.	New installation or complete replacement of existing			Alteration, repair, remodel of existing
	Plan Review & Initial Insp. Fee	Permit to Operate (PTO) Fee	Total Fee	Total Fee
Pass. or Freight Elevator	\$1200	\$50	\$1250	\$600
Residential, LULA, Special Purpose, Sidewalk or Stage Elevator, Lift or Dumbwaiter	\$1040	\$50	\$1090	\$520
Escalator or Moving Walk	\$960	\$50	\$1010	\$480
	\$1120	\$50	\$1170	\$560

**10. Information Required with Application**

New installations – Conveyances Installed to serve Commercial Buildings

- At least 3 copies of this completed application with plans or shop drawings (plan sets must be **stapled** together as a set) showing the following:
  - For elevators, platform lifts and stairway chair lifts, a plan of the car, hoistway or runway and machine room showing all clearances, including all inside car or platform dimensions specified in chapter SPS 362.
  - For elevators, platform lifts and stairway chair lifts, a section through the hoistway or runway, machine room, pit and car or platform showing all applicable dimensions. All landings shall be clearly shown indicating types of hoistway or runway doors or gates used.
  - For elevators, escalators and moving walks, a complete dimensioned layout of the machine room or machinery space including working clearances around machine, controller and disconnecting means showing dimensions to walls and equipment.
  - For elevators, the size and weight per foot of guide rails and details of their support, including reinforcement where required.
  - For platform lifts and stairway chair lifts, a copy of the architectural plans showing landing areas with clearance to adjacent walls or other obstructions.
- A copy of a letter from the State of Wisconsin, Industry Services Division, a certified municipality or other approved plan review agency verifying that the building construction or alteration plans have been approved. Approval may be from the Department of Health Services for medical facilities including hospitals and nursing homes.
- Indication of Review by Building Designer. The equipment shop drawings shall be stamped with the building designer's (architect's) shop drawing stamp and signed. In lieu of a shop drawing stamp, a statement of approval with the building designer's original signature may appear on the drawings. At least one set of shop drawings must contain an original stamp or statement and signature, not a photocopy.
- The appropriate fee.

New Installations – Elevators and Dumbwaiters Installed to serve One- or Two-Family Dwellings

- At least 3 copies of this completed application with elevator or dumbwaiter plans or shop drawings as in 1. above for new installations to serve commercial buildings.
- The appropriate fee.

Covered Alterations, Repairs, Replacements [See SPS 318.1013 for covered alterations, repairs, replacements, relocations, etc.]

- At least 3 copies of this completed application with one of the following 3 items:
  - A list of code sections of ASME A17.1, 8.7 or ASME A18.1 that are being altered. (See box 7 above).
  - A detailed project description of items to be altered.
  - A project specification.
- If alteration is listed in Tables SPS 318.1013-1, 318.1013-2, 318.1013-3, Item **A1** above is also required.
- If alteration includes a change to the building structure, fire rating, accessibility or accessible route, exiting or egress width, items **A2** and **A3** above are required.
- The appropriate fee.

**11. Applicant Signature:** I certify all the above statements are true and accurate to the best of my knowledge and belief

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date Signed \_\_\_\_\_



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## Payment Voucher

**If you are requesting to be invoiced for your plan review, DO NOT use this voucher form.**

**Transaction ID:** \_\_\_\_\_  
(Leave blank if this review has not been pre-scheduled)

Check # \_\_\_\_\_ Dollar Amount:  
\_\_\_\_\_

Payer Name \_\_\_\_\_  
(Individual or Company name as printed on first line of check)

Payer Address  
\_\_\_\_\_  
(As printed on check)

Payer City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Plan Submitter Name  
\_\_\_\_\_  
(If different from Payer)

**1. Mail your check (payable to Industry Services Division) and this completed form to:**

**DSPS Fiscal Plans**  
**PO Box 8602**  
**Madison WI 53708-8602**

**2. Send a copy of this completed payment voucher form along with your plan submittal documents to the office that you select below.**

**Plans submitted to: (circle or check one of the offices)**

Madison  Hayward  LaCrosse/Holmen  Green Bay  Waukesha

**Madison Industry Services**  
1400 E Washington Ave  
PO Box 7162  
Madison WI  
53707-7162

**Hayward Industry Services**  
10541N Ranch Rd  
Hayward WI  
54843

**LaCrosse/Holmen Industry Services**  
3824 N Creekside La  
Holmen WI 54636

**Green Bay Industry Services**  
2331 San Luis Pl  
Green Bay, WI  
54304

**Waukesha Industry Services**  
141 NW Barstow St  
4th Floor  
Waukesha WI  
53188-3789