

**APPLICATION FOR INSTALLATION OR ALTERATION OF  
ELEVATORS, ESCALATORS, MOVING WALKS AND LIFTS**

(SEE BACK OF PAGE FOR COMPLETE INSTRUCTIONS)

**ELC#** \_\_\_\_\_

**LOCATION OF UNIT:**

NAME OF BUILDING \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

OWNER'S MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE: \_\_\_\_\_

INSTALLER NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

GENERAL CONTRACTOR \_\_\_\_\_ ARCHITECT \_\_\_\_\_ ENGINEER \_\_\_\_\_

**INCLUDE ELEVATOR/LIFT DRAWINGS, SHAFT (SPRINKLER), MACHINE ROOM, ELECTRICAL & MECHANICAL PLANS**

**NEW UNIT** VALUATION \_\_\_\_\_ PERMIT FEE (SEE BACK OF APPLICATION) \_\_\_\_\_ SIZE OF LIFT PLATFORM \_\_\_\_\_

TYPE: PASSENGER ELEVATOR \_\_\_\_\_ ESCALATOR \_\_\_\_\_ H C LIFT \_\_\_\_\_ MOVING WALK \_\_\_\_\_ FREIGHT ELEVATOR \_\_\_\_\_

SPECIAL SERVICE ELEVATOR \_\_\_\_\_ SIDEWALK ELEVATOR \_\_\_\_\_ CHAIR LIFT \_\_\_\_\_ OTHER \_\_\_\_\_

DESCRIPTION OF LIFT PROPOSED: \_\_\_\_\_

ELECTRIC \_\_\_\_\_ TRACTION \_\_\_\_\_ HYDRAULIC \_\_\_\_\_ OTHER \_\_\_\_\_

SPEED PER MINUTE \_\_\_\_\_ CAPACITY \_\_\_\_\_ NUMBER OF FLOORS TRAVELED \_\_\_\_\_

TOTAL VERTICAL FEET TRAVELED \_\_\_\_\_ TOTAL HORIZONTAL FEET TRAVELED \_\_\_\_\_

ARE THERE EXISTING UNITS IN THIS COMPLEX? YES \_\_\_\_\_ NO \_\_\_\_\_

**ALTERATION OF EXISTING UNIT:** VALUATION \_\_\_\_\_ PERMIT FEE (SEE BACK OF APPLICATION) \_\_\_\_\_

NUMBER OF UNIT(S) TO BE ALTERED \_\_\_\_\_ DESCRIPTION OF ALTERATION \_\_\_\_\_

***IT IS HEREBY AGREED THAT IF THIS APPLICATION IS APPROVED AND A PERMIT IS ISSUED, THE OWNER WILL ENSURE THAT THIS ELEVATOR CONFORMS IN EVERY DETAIL WITH THE CODE REGULATING ELEVATORS IN THE STATE OF MONTANA. THE OWNER UNDERSTANDS AND AGREES THAT THIS ELEVATOR CANNOT BE OPERATED UNTIL THE ELEVATOR COMPLIES WITH THE REQUIREMENTS OF THE STATE BUILDING CODES AND A CERTIFICATE OF OPERATION HAS BEEN ISSUED BY THE BUILDING CODES BUREAU.***

SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

APPLICATION APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

INITIAL INSPECTION DATE \_\_\_\_\_ INSPECTOR \_\_\_\_\_

# State of Montana

## Bureau of Building & Measurement Standards

### Instructions:

1. Complete all necessary fields on application.
2. Attach application fee, payable to: Building Codes Bureau
3. Submit complete application (4 copies), 2 copies of plans and application fee to:

**Bureau of Building & Measurement Standards  
Elevator Safety Section  
PO Box 200517  
Helena, MT 59620-0517**

*Please note: All building and owner information must be completed. Incomplete applications will be returned and will delay your application approval.*

### Codes

Chapter 30, International Building Code – latest adopted edition.

ASME A17.1, Safety Code for Elevators and Escalators – latest adopted edition.

ASME A17.3, Safety Code for Existing Elevators and Escalators.

ASME A18.1, Safety Standards for Platform Lifts and Stairway Chairlifts.

### Fees

Permit – 24.301.601 (5), ARM states:

(5) The plan review permit fee for new installations and major alterations shall be as follows:

Passenger elevator, escalator, moving walk and lift:

-up to and including \$40,000 of valuation - \$55.00

-over \$40,000 of valuation \$55.00 plus \$1.00 for each \$1,000 or fraction thereof over \$40,000

Inspection – 24.301.613, ARM states:

(6) The annual certificates of inspection fees shall be as follows:

(a) Fees when inspection are made by the department, for each elevator, escalator, and moving walk and lift  
(also applies to follow-up inspection done after certified inspector's inspection) - \$100.00

(c) Fees when inspections are made by the department, for each lift  
(also applies to follow-up inspection done after certified inspector inspection) - \$70.00