



CITY OF NAPERVILLE

ELEVATOR INSTALLATION/MODERNIZATION/REPAIR

Permit # \_\_\_\_\_

All permit applications shall be submitted to Building Permits/Transportation, Engineering and Development. This application must be accompanied by detailed plans and specifications and payment (see Building Permit Fee Schedule for additional information). For further information contact Building Permits staff at (630) 420-6100, Option 2.

All information must be completed. Incomplete applications will not be accepted. Please type or print clearly.

Elevator Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_  
Contact Name: \_\_\_\_\_

State of Illinois ID# (s) \_\_\_\_\_  
(Existing elevators)

Applicant \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_  
Contact \_\_\_\_\_

Elevator Contractor \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_  
Contact \_\_\_\_\_

General Contractor \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_  
Contact \_\_\_\_\_

Number of Elevators \_\_\_\_\_  
Type \_\_\_\_\_  
Model \_\_\_\_\_  
Capacity \_\_\_\_\_  
Elevator Car # \_\_\_\_\_  
Estimated Cost \_\_\_\_\_

Description: \_\_\_\_\_

ITEMS SUBMITTED:

- Application
- Payment of Permit Fees
- Plans & Specifications (shop drawings)

**UNDER THE PENALTIES OF PERJURY AS PROVIDED BY LAW, THE UNDERSIGNED CERTIFIES THAT THE STATEMENTS SET FORTH IN THIS APPLICATION, PLANS, SPECIFICATIONS AND PLAT ARE TRUE AND CORRECT AND ARE IN ACCORDANCE WITH THE PROVISIONS AND REGULATIONS OF THE BUILDING CODE AND ALL OTHER CODES AND ORDINANCES OF NAPERVILLE APPLICABLE THERETO AND IN FORCE WHEN CONSTRUCTION IS COMMENCED. IF THE APPLICANT KNOWINGLY FALSIFIES ANY INFORMATION IN THIS APPLICATION, APPLICANT SHALL BE CONSIDERED IN VIOLATION OF SECTION 1-12-4 OF THE NAPERVILLE MUNICIPAL CODE AND SHALL BE FINED NOT LESS THAN FIFTY DOLLARS (\$50) NOR MORE THAN FIVE HUNDRED DOLLARS (\$500).**

**(Please check here. \_\_\_\_\_) I HAVE READ AND UNDERSTAND THE CONSTRUCTION SITE SAFETY REQUIREMENTS OF THE CITY OF NAPERVILLE. (Please initial here.) \_\_\_\_\_**

I, \_\_\_\_\_, being the applicant or owner of the premises in which the elevator installation(s) shall be made, agree to conform with and abide by all the rules, regulations, and provisions of the City Ordinances pertaining to the installation and maintenance of elevators now or hereafter in force.

**SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_**

**SIGNATURE OF OWNER/AGENT \_\_\_\_\_ DATE \_\_\_\_\_**

<p><b><u>FOR OFFICE USE ONLY</u></b></p> <p>Elevator Permit Fee: \$ _____</p> <p>Approved by: _____ Date: _____</p>
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## CITY OF NAPERVILLE

### OWNER'S DISCLOSURE OF BENEFICIARIES FOR BUILDING PERMIT

In compliance with Title 1, Chapter 12 of the Naperville Municipal Code, the following disclosures are required for all building permit applications for improvements valued at \$50,000 or more. This disclosure shall be completed by the property owner, business owner/tenant or other entity that derives the primary benefit of the permitted improvements. If the owner fails to provide full and complete disclosure, the City may revoke the permit at any time.

1. Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

2. Proposed Improvement: \_\_\_\_\_

3. Nature of Ownership (select one):

Individual

Partnership

Corporation

Joint Venture

Land Trust/Trustee

Limited Liability Corporation (LLC)

Trust/Trustee

Sole Proprietorship

4. If the owner is an entity other than described above, briefly state the nature and characteristics of ownership: \_\_\_\_\_

5. If the answer to Section 3 was anything other than "Individual", please provide the following information in the space provided below (or on a separate sheet):

- **Limited Liability Corporation (LLC):** The name and address of all members and managing members, as applicable. If the LLC was formed in a State other than Illinois, confirm that it is registered with the Illinois Secretary of State's Office to transact business in the State of Illinois.
- **Corporation:** The name and address of all corporate officers; the name and address of every person who owns five percent (5%) or more of any class of stock in the corporation; the State of incorporation; the address of the corporation's principal place of business. If the State of incorporation is other than Illinois, confirm that the corporation is registered with the Illinois Secretary of State's Office to transact business in the State of Illinois.
- **Trust or Land Trust:** The name, address and interest of all persons, firms, corporations or other entities who are the beneficiaries of such trust.

- **Partnerships:** The type of partnership; the name and address of all general and limited partners, identifying those persons who are limited partners and those who are general partners; the address of the partnership's principal office; and, in the case of a limited partnership, the county where the certificate of limited partnership is filed and the filing number.
- **Joint Ventures:** The name and address of every member of the joint venture and the nature of the legal vehicle used to create the joint venture.
- **Sole Proprietorship:** The name and address of the sole proprietor and any assumed name.
- **Other Entities:** The name and address of every person having a proprietary interest, an interest in profits and losses or the right to control any entity or venture not listed above.

6. Name, address and capacity of person making this disclosure on behalf of the owner:

VERIFICATION

I, \_\_\_\_\_ (print name), being first duly sworn under oath, depose and state that I am the person making this disclosure on behalf of the owner, that I am duly authorized to make this disclosure, that I have read the above and foregoing Disclosure of Beneficiaries, and that the statements contained therein are true in both substance and fact.

Signature: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public and seal

# **ELEVATORS**

## **APPLICATION FOR INSTALLATION**

1. Any person desiring to install an elevator in any premises within the City of Naperville shall submit an application in writing to the Chief Building Official of the City, on a form provided by said official.  
The Application shall include:
  - 1.1 The common address, legal description, property index number and signature of the owner of the premises in which the installation shall be made.
  - 1.2 Detailed plans and specifications for such elevator installation for use of the Chief Building Official in making inspections of the installation, including:
    - 1.2.1 The number of elevators, type and model of each elevator and the capacity of each elevator.
    - 1.2.2 The location of each elevator.
    - 1.2.3 The name and address of the contractor who will perform the work or service.
  - 1.3 A written agreement that the applicant will conform and abide by all the rules, regulations and provisions of the City ordinances pertaining to the installation and maintenance of elevators then or thereafter in force.
2. Installation: Installation shall not commence until such plans and specifications have been furnished and approved.
3. Application Copies: A copy of the application, upon issuance, shall be retained by the City Clerk, the Chief Building Official and the applicant.
4. No City Liability:
  - 4.1 Approval of detailed plans and specifications by the Chief Building Official, for the City will not constitute responsibility by the City for the adequacy, completeness, correctness or reliability of the plans and specifications.
  - 4.2 The final responsibility for the plans and specifications rest with the individual or entity providing such plans and specifications with the permit application.
5. Work To Conform To Plans: All work performed and all materials used shall be in accordance with the plans and specifications submitted with the application for permit and any revisions or changes from the plans submitted shall be considered a violation of this Article unless approved by the Chief Building Official.

6. Inspections: The following requirements shall apply to the inspection of new and existing elevators:
  - 6.1. Following application for an elevator installation permit, but prior to regular operation of such elevator, **a newly-installed elevators** shall be inspected and approved for operation by the Chief Building Official, or designee.
  - 6.2. All existing elevators located within the City shall be inspected and approved for operation every six (6) months by the Chief Building Official, or designee.
  - 6.3. **Renewal** inspections shall be scheduled **with the certified and registered elevator inspector/company.**
  - 6.4. With **each** such inspection, there shall be paid to the **elevator inspection company** the appropriate **fee.**
7. Certificate of Inspection: It shall be unlawful to operate an elevator in the City without a current certificate of inspection.
  - 7.1. All inspected elevators that meet City requirements shall be issued a certificate by the **inspector/inspection company with a report sent to the Chief Building Official of approved inspections.**
  - 7.2. Each such certificate in inspection shall be valid for six (6) months after issuance.
  - 7.3. Certificates shall be clearly displayed within the elevator for which it was issued.
  - 7.4. The issuance of certificates of inspection will not relieve the operators of elevators from responsibility for the safe, reliable and adequate operation of the elevators and shall not constitute responsibility by the Chief Building Official, or the City for the adequacy, safety or reliability of any elevators for which a certificate of inspection has been issued.
8. Please refer to the Building Permit Fee Schedule for additional information.



**CITY OF NAPERVILLE**  
**Transportation, Engineering & Development (T.E.D.) Business Group**

**CONSTRUCTION SITE SAFETY DIRECTIVE**  
**Effective Date: January 3, 2000**  
**Attention: Builders, Contractors, Architects, & Developers**

The City of Naperville is concerned about the safety of construction workers, city inspectors, and the general public. The Police and Fire Department frequently respond to calls at construction sites to aid persons injured as the result of an accident. It is everyone's responsibility to insure that construction sites are safe for everyone involved in the construction phase of a project or development. Therefore, in an effort to promote safety at construction sites, effective January 3, 2000, the following requirements must be met in order for the City to conduct an inspection:

1. The building address (not lot number) must be displayed, including suite numbers, if applicable. This includes a sign in front of the structure while foundation work is in progress and numbers on the front of the structure. Numbers must be at least 5 1-2 inches in height and visible from the street.
2. A gravel access path, at least 3 feet wide and clear of debris, water and snow, is required from the street to the structure.
3. Manufactured ladders (minimum type 1) rated for 250 pounds and secured in place must be present on the site. Site-built ladders, constructed in accordance with OSHA/ANSI standards,\* are acceptable.
4. Cleated ramps shall be constructed to OSHA/ANSI standards,\* elevated to a **maximum** of 3 feet, and secured in place.
5. Railings (36 inches in height) constructed at OSHA/ANSI standards\* are required on elevated platforms, stair openings, and lofts.
6. Temporary stairs, constructed in accordance with OSHA/ANSI standards\*, must be secured at the top and bottom and have intermediate support rails every 6 feet.
7. The inside of structures must be free of debris, standing water, ice, mud and human waste.
8. Construction debris must be in a dumpster or other four-sided container with a floor.
9. Access to excavations must comply with OSHA/ANSI standards.

**\*Copies of OSHA and ANSI standards are available for review in T.E.D (Transportation, Engineering & Development Business Group). OSHA can be contacted at 630-896-8700, and ANSI can be contacted at 212-642-4900.**

**The above list details the minimum on-site safety requirements that went into effect on January 3, 2000. Upon arrival at a job site, building inspectors will confirm that the minimum requirements have been met before they will conduct an inspection. If all requirements have not been met, the inspector will issue a STOP WORK ORDER that will remain in effect until the construction site is brought into full compliance with the City's safety requirements.**

# Elevator New Construction and Modification Plan Review Required Documents

For either new construction or modification plan review submittal, we require the following: **FOUR** sets of elevator layout shop drawings with address of building and number of elevator(s) stamped “FINAL”, an information sheet containing building address, name, elevator # and type, capacity, # of stops, and elevator type of power.

<b><u>Permit Description</u></b>	<b><u>Documents Required</u></b>	<b><u>Sets</u></b>
<b>Cylinder</b>	Our cylinder sheet, specs/scope of work job specific, catalog cut sheets, layout drawing showing cylinder, pit equipment, run bys, and rise	4 of all marked “FINAL”
<b>Valve</b>	Our info sheet, specs/scope of work job specific, catalog cut sheets specific to valve replacement *Shut off if not one provided	4 of all marked “FINAL”
<b>Tank, Pump, Valve, Oil Line, &amp; Muffler</b>	Our info sheet, specs, catalog cut sheets of specific pump unit, *mech room layout showing location of new and existing equipment*, and door swing *Note: Shutoff to be installed in room if not done already	4 of all marked “FINAL”
<b>Full Mod Controller Cop</b>	Our info sheet, specs/scope of work, catalog cut sheets of specific controller for mod, machine room layout showing new controller and any existing equipment show elec service and door location	4 of all marked “FINAL”
<b>Fixtures</b>	Our info sheet, specs/scope of work, catalog cut sheets, layouts showing actual fixtures and locations	4 of all marked “FINAL”
<b>Door package, New operator, Tracks hangers, Door equipment *Not sensors if only that alone</b>	Our info sheet, specs/scope of work, catalog cut sheets, layouts if applicable	4 of all marked “FINAL”
<b>New Install</b>	Elevator layout shop drawings, address of building, number of elevator (s), stamped “FINAL”	4 of all marked “FINAL”



# ELEVATOR CYLINDER REPLACEMENT FORM

- Complete form
- Stamp each set “Final Shop Drawing”
  - Set includes:
    - Our cylinder sheet
    - specs/scope of work job specific
    - catalog cut sheets
    - layout drawing showing: cylinder, pit equipment, run bys, and rise
- Submit the stamped four (4) sets for review
  - This is your plan review packet/documents

Date: \_\_\_\_\_

Job Location: \_\_\_\_\_

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

Village/Town/City: \_\_\_\_\_

Elev Co: \_\_\_\_\_ IL# \_\_\_\_\_

Contact: \_\_\_\_\_

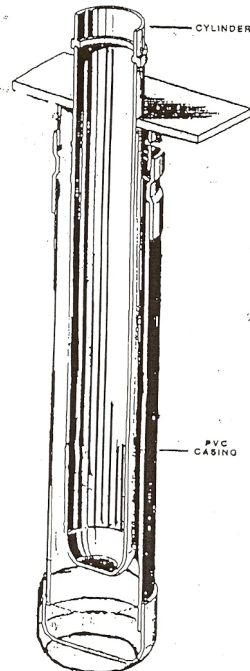
Phone: \_\_\_\_\_

Fax \_\_\_\_\_

Email: \_\_\_\_\_

Unit #: \_\_\_\_\_ Reg# \_\_\_\_\_ Type:  Pass  Freight Speed: \_\_\_\_\_ FPM

Capacity: \_\_\_\_\_ # of Floors: \_\_\_\_\_ Total Travel: \_\_\_\_\_



(\*\*To be Installed\*\*)

# ELEVATOR VALVE REPLACEMENT FORM

- Complete the Valve Replacement Form
- Stamp each set “Final Shop Drawing”
  - Set includes:
    - Our info sheet
    - Specs/scope of work job specific
    - Catalog cut sheets specific to valve replacement
- Submit the stamped four (4) sets with your plan review packet
  - This is your plan review packet/documents

**Date:** \_\_\_\_\_

**Job Location:** \_\_\_\_\_

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

**Village/Town/City:** \_\_\_\_\_

**Elev Co:** \_\_\_\_\_ IL# \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Unit #:** \_\_\_\_\_ **Convey/Reg#** \_\_\_\_\_ **Type:**  Pass  Freight **Speed:** \_\_\_\_\_ **FPM**

**Capacity:** \_\_\_\_\_ **# of Floors:** \_\_\_\_\_ **Total Travel:** \_\_\_\_\_

**TYPE OF VALVE**

**Quick Release Fitting**

\_\_\_\_\_

# ELEVATOR

## FULL MOD-CONTROLLER / FIXTURE COP / DOOR PACKAGE

Check box which applies:

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- Complete form
  - Stamp each set “Final Shop Drawing”
    - Set includes:
      - Our info sheet
      - Specs
      - Catalog cut sheets of specific pump unit
      - \*Mech room layout showing location of new and existing equipment\*
      - Door swing, disconnect locations main and car light
  - Submit the stamped four (4) sets with your plan review packet
    - This is your plan review packet/documents
- ❖ **If your mod includes all that is listed above, submit all info with your plan review package.**
- Check box which applies to your project**
- ❖ **Hydraulic equipment to be submitted on separate info forms**

Date: \_\_\_\_\_

**Job Location:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Village/Town/City:** \_\_\_\_\_

**Elev Co:** \_\_\_\_\_ IL# \_\_\_\_\_  
**Contact:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Unit #:** \_\_\_\_\_ **Reg#** \_\_\_\_\_ **Type:**  Pass  Freight **Speed:** \_\_\_\_\_ **FPM**

**Capacity:** \_\_\_\_\_ **# of Floors:** \_\_\_\_\_ **Total Travel:** \_\_\_\_\_

**TYPE OF CONTROLLER**

Motion, Swift, Vertitron, etc.

**TYPE OF DOOR EQUIPMENT**

GAL, ECI, MAC, etc.

**TYPE OF FIXTURE EQUIPMENT**

Innovation, Adams, etc.

# TANK/PUMPING UNIT/OIL LINE/MUFFLER - VALVE REPLACEMENT FORM

- Complete form
- Stamp each set "Final Shop Drawing"
  - Set includes:
    - Our info sheet
    - Specs
    - Catalog cut sheets of specific pump unit
    - \*Mech room layout showing location of new and existing equipment\*
    - Door swing
- Submit the stamped four (4) sets with your plan review packet
  - This is your plan review packet/documents

Date: \_\_\_\_\_

**Job Location:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Village/Town/City:** \_\_\_\_\_

**Elev Co:** \_\_\_\_\_ IL# \_\_\_\_\_  
**Contact:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Fax** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Unit #:** \_\_\_\_\_ **Reg#** \_\_\_\_\_ **Type:**  Pass  Freight **Speed:** \_\_\_\_\_ **FPM**  
**Capacity:** \_\_\_\_\_ **# of Floors:** \_\_\_\_\_ **Total Travel:** \_\_\_\_\_

**TYPE OF TANK (PUMP)**

**TYPE OF VALVE**  
**Quick Release Fitting** \_\_\_\_\_

## ASME A17 Upgrades Due January 1, 2015

- Complete form
- Stamp each set “Final”
  - Set Includes:
    - This Sheet
    - Any and All Specifications
    - Scope of work on licensed elevator contractor’s letterhead
    - Catalog cut sheets for each item
    - Layout showing location of new and existing equipment as applicable for each item
  - On every document submitted, the name and address of the project and elevator contractor should be listed as well as the conveyance number
- Submit the stamped (4) sets to AHJ (Municipality)

**Date:** \_\_\_\_\_

<p><b>Job Location:</b> _____</p> <p><b>Address:</b> _____</p> <p><b>Village/Town/City:</b> _____</p> <p><b>Name of Building Owner:</b> _____</p> <p><b>Owner’s Address (if different than Building Address):</b> _____</p>	<p><b>Elev Co:</b> _____ IL# _____</p> <p><b>Contact:</b> _____</p> <p><b>Phone:</b> _____</p> <p><b>Fax:</b> _____</p> <p><b>Email:</b> _____</p>
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**Unit #:** \_\_\_\_\_ **Reg#** \_\_\_\_\_ **Type:**    Pass    Freight   **Speed:** \_\_\_\_\_ **FPM**  
**Capacity:** \_\_\_\_\_   **# of Floors:** \_\_\_\_\_   **Total Travel:** \_\_\_\_\_

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Check Box if Applicable	Upgrades Due by January 1, 2015	A17.1 (2010) Section	A17.3 (2005) Section
<input type="checkbox"/>	(ii) Car Illumination	8.7.2.14.2(g)	3.4.5
<input type="checkbox"/>	(iii) Emergency Operation and Signaling Devices	8.7.2.28	3.11
<input type="checkbox"/>	(iv) Phase Reversal and Failure Protection	8.7.2.11.5	3.10.6
<input type="checkbox"/>	(v) Reopening Device for Power Operated Doors or Gates	8.7.2.13	2.8.2
<input type="checkbox"/>	(vi) Stop Switch and Pits	8.7.2.27.8	2.3.3
<input type="checkbox"/>	(vii) Pit Ladder Installation in Accordance with Section 2.2.4.2 of ASME A17.1-2007	2.2.4.2	n/a