



Office of the State Fire Marshal
 Elevator Safety Division
 800 SW Jackson, Suite 104
 Topeka, KS 66612
 (785) 296-3401 Fax: (785)296-0151
KSFM_Elevators@ks.gov

Kansas Elevator Installation Application

Permit can only be issued to a Kansas Licensed Elevator Contractor

Elevator Location (Building Name):

County:

Location (Address):

City:

Zip:

Responsible Party Billing Name:

Responsible Party
Phone Number:

Responsible Party
Billing Address:

Responsible Party
Email:

City:

Zip:

Tentative Start Date:

Completion Date:

Type of Device/Conveyance:

Manufacturer's Serial Number:

Machine Type:

Capacity: LBS

Manufactured By:

Rated Speed: FPM

Number of Floors/Landings:

Verify by checking each box that the following information is included in the permit application specifications:

1. Code of construction of all components of elevator system including both ASME code, Edition and addenda.
2. Code Data Plate to be stamped in accordance with ASME 17.1 Section 8.9
3. Qualification of welders in accordance with ASME Section 8.8 if welding is to be performed during installation.
4. Provide code specification checklist from general contractor, if applicable, showing Code & Edition of IBC and NEC, Fire safety and plumbing.
5. Specific reference to comply with ASME 17.1 Section 2.8 Equipment in hoist ways and machine room.
6. Specific reference to comply with ASME 17.1. Section 2.7 Machine rooms and machinery spaces.
7. Specific reference to comply with ASME 17.1 Section 2.2 Pits.
8. Specific reference to comply with ASME 17.1 Section 8.6 Maintenance or Section 8.7 Alterations
9. Specific reference to comply with ASME 17.1 hydraulic jacks and special application elevators.
10. Location of smoke detectors, heat sensors, and power shunts as they pertain to HOSIST WAY AND MACHINE ROOM if installed as part of a sprinkler system.
11. Detailed construction and design drawings of hoist way, machine room and elevator components.
12. Registered Professional Engineer signature approving all documents and specification submitted.

Contractor's Company Name:

Branch Office (City):

Contractor's License Number:

CONTRACTOR SIGNATURE

Date:

PERMIT REVIEW FEE \$400

Email completed form to: KSFM_Elevators@ks.gov

You will be invoiced for your fee, which can be paid at: firemarshal.ks.gov

OSFM OFFICE USE ONLY: PAYMENT RECEIVED: _____